

Electronic Benefit Transfer (EBT) Project



Request for Proposal for EBT Services

Appendix I, Food and Cash EBT Interface Specification

• • • • •
OSI EBT RFP #XXXXX

<Month> 2015

California Health and Human Services Agency
Office of Systems Integration

PRE-SOLICITATION #16153

This page intentionally left blank.

Table of Contents

1	Introduction	1
2	Eligibility System Host-to-Host Interface	2
2.1	Message Processing	4
2.1.1	Unrecognizable Message Response	4
2.1.2	Generic Error Codes for All Messages.....	5
2.2	Host-to-Host Messages.....	6
2.2.1	Case Inquiry.....	6
2.2.2	Cardholder Search.....	9
2.2.3	Cardholder (Client) Inquiry.....	13
2.2.4	Benefit Inquiry	16
2.2.5	Card Inquiry	20
2.2.6	Card History	24
2.2.7	Card History Detail.....	29
2.2.8	Account History.....	33
2.2.9	Cardholder (Client) Add/Change.....	38
2.2.10	PIN Unlock.....	46
2.2.11	Card Change	48
2.2.12	Card Printing.....	51
2.2.13	Benefit Add/Void	54
2.2.14	Account Repayment	58
2.2.15	Benefit Type Repayment	61
2.2.16	Retailer Search	64
3	Eligibility System Batch Interface	67
3.1	Demographic and Benefit Files	68
3.1.1	Demographic File.....	68
3.1.2	Benefit File.....	74
3.2	End-of-Day Files.....	78
3.2.1	Account Activity File.....	79
3.2.2	Inactive/Dormant/Expunged File.....	84
3.2.3	Grant Expungement File	86

PRE-SOLICITATION #16153

3.2.4	Unlinked Benefits File	88
3.2.5	Correction Request Activity File	89
3.2.6	Administrative Activity File	95
3.2.7	Balance Inquiry Activity File	98
3.2.8	Excessive Card Replacement Warning Letter File	100
3.2.9	Excessive Card Replacement Referral File	102
3.3	Monthly Files	102
3.3.1	Excessive Surcharge File	102
4	SARS Interface	104
4.1	SARS Benefit Files	104
4.2	SARS End-of-Day Files	104
4.3	SARS Monthly Files	105
4.3.1	State Excessive Surcharge File	105
4.3.2	Case Billing File	105
4.4	SARS Report Files	106
5	Data Element Codes	107
5.1	County Codes	107
5.2	Card Status Codes	108
5.2.1	System-Generated Card Status Codes	108
5.2.2	Card Status Codes Approved for County Use	108
5.2.3	Other Card Status Codes	109
5.3	Administrative Actions	109
5.4	Cardholder Access Codes	111
5.5	Transaction Type Codes	111
5.6	Transaction Response Codes	114
5.7	Reversal Reason Codes	115
5.8	Card and PIN Issuance Codes	116
5.8.1	Card Issuance Code	116
5.8.2	PIN Issuance Code	117
5.9	Language Codes	118

1 Introduction

The Electronic Benefit Transfer (EBT) system must interface with each county eligibility system and the Statewide Automated Reconciliation System (SARS). This is accomplished via three (3) interfaces: the eligibility system host-to-host interface, the eligibility system batch interface, and the SARS interface. The host-to-host interface uses fixed-length messages sent between an eligibility system and the EBT system using the Transmission Control Protocol/Internet Protocol (TCP/IP). The eligibility system batch interface and SARS interface use fixed-length files that are transferred using Secure File Transfer Protocol (SFTP). The EBT Contractor must create and support host-to-host and batch interfaces between the EBT host primary, backup, and test systems and county eligibility systems; SARS; and the State EBT Project Office. Upon request from the State, the EBT Contractor must also support the host-to-host interface using web services.

To minimize the impact to the county eligibility systems and SARS, it is important the current interfaces remain unchanged following transition. This interface specification describes the processing and record layouts of the messages and files that make up the host-to-host, eligibility system batch, and SARS interfaces.

This specification identifies the data fields for each message and file record. For each data field, the content, length, relative position, and data type are defined. The information in the message and file records are represented using the following columns in tables defined for each message and file record. The following is a brief explanation of the columns and an example.

- Description – describes the data representation for the specified field.
- Length – defines the length of the field.
- Position – defines the starting and ending position in the message or file.
- Type – defines the data type for the specified field.
- Comments – provides additional information and clarification for that field.

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0085
Message Type	8	5–12	X	UNRECXXX

PRE-SOLICITATION #16153

Data fields will be one of the following types:

Example	Type	Description
X	Alphanumeric	Left-justified uppercase alpha characters, numbers.
9	Numeric	Numbers with leading zeros.
9(X)V99	Decimal	Right-justified numeric representation, with leading zeros, of a decimal number where 'X' is the number of digits to the left of the decimal point. <i>Example: 123.45 represented in 9(4)V99 format will be 012345.</i>

Unless otherwise specified, alphanumeric data may also include printable ASCII characters including, but not limited to: periods, hyphens, commas, asterisks, and apostrophes. Optional alphanumeric fields must be filled with spaces when no data is present. Optional numeric and decimal fields must be filled with zeros when no data is present.

2 Eligibility System Host-to-Host Interface

Host-to-host messages are individual requests for either EBT system data or a specific update function based on data in the request message. Host-to-host messages must be processed by the system in real time. Following validation of the data in the request message, the system must take the appropriate action and return a response message. If data validation fails, the system returns an error response message. If there are no data validation errors, the system returns a normal response message.

Each message includes: the length of the message record, message type, message identifier, response code, message version, date, time, user identifier, county code, optional local office code, and reserved fields for the county and the EBT Contractor. The message identifier in the request message must be updated in the response message to indicate that the message has been generated by the EBT system. The response code is initialized in the request message to 0000 and is updated in the request message by the system based on request message validation. The response code of an error response message must always be set to an applicable error code, while the response code of a normal response message must always be set to 0000.

The user identifier is assigned by the eligibility system and is used for reporting and audit purposes and is not validated by the EBT system. The county code is also used for reporting and audit purposes and for data validation of update messages. The message type, message version, date, time, user identifier, county code, local office code, and county reserved fields in the request message are echoed back in the response message. Normal response messages are always a fixed length but may include variable filler for an inquiry where variable occurrences of data are returned.

PRE-SOLICITATION #16153

The following is a list of the host-to-host messages that must be supported by the EBT system and the specific operational function of each message:

- a. Case Inquiry – returns information on a specific EBT case (identified by a State Unique Identifier [SUID]). The return message supplies account balance and status information, as well as demographic information on individual food and cash cardholders (clients).
- b. Cardholder Search – returns food and cash cardholders based on the search data and search type provided. Search types include cardholder Social Security Number (SSN), card number, SUID, and name.
- c. Cardholder Inquiry – returns information about a specific food and cash cardholder. The return message supplies all cardholder demographic data, as well as account access information.
- d. Benefit Inquiry – returns information about benefit grants associated with a specified EBT account. The return message gives specific benefit grant data for both pending benefits and benefits that have been deposited into the account.
- e. Card Inquiry – returns information about a specific card. The return message supplies the demographics associated with that card, along with card status and cardholder access information.
- f. Card History – returns card and Personal Identification Number (PIN) actions using either the SUID or card number.
- g. Card History Detail – returns detailed information for a specific card/PIN action.
- h. Account History – returns transaction history starting at a specific date, for an account or a Food and Nutrition Service (FNS) number. The return message supplies detailed information on each transaction in chronological order.
- i. Cardholder Add/Change – adds or updates a food and cash cardholder or reactivates a cardholder account. This message can also issue a Food and Cash Card and/or PIN.
- j. PIN Unlock – resets a food and cash cardholder's incorrect PIN attempt count to zero.
- k. Card Change – changes a card status.
- l. Card Printing – prints a Food and Cash Card at a specified card printer.
- m. Benefit Add/Void – adds a new benefit grant or voids a benefit grant that has not been deposited into an account.

PRE-SOLICITATION #16153

- n. Account Repayment – reduces an account balance and benefit grant balance(s) using the default drawdown rules.
- o. Benefit Type Repayment – reduces an account balance and benefit grant balance(s) using the default drawdown rules, except that drawdown is limited to a specified benefit type.

2.1 Message Processing

Each consortium eligibility system must be assigned two specific host-to-host ports for the food and cash EBT host test system and two specific host-to-host ports for the food and cash EBT host production system. Each port must support up to 255 simultaneous socket connections. To perform a host-to-host operation, the eligibility system will first open a port on the EBT system. The eligibility system will then send a host-to-host request message to the system and wait for a response. If a response is received within the timeout period, the eligibility system will save the response message for subsequent processing and close the connection. If a response is not received within the timeout period, the eligibility system will invoke timeout procedures based on the message type.

With the exception of the Card Printing message, the recommended eligibility system timeout period is 20 seconds. The recommended timeout period for the Card Printing is 150 seconds and includes: network transmission time between the eligibility system and the EBT host system, network transmission time between the EBT host system and the card printer, the time to physically print and encode the Food and Cash Card, and the EBT host system processing time.

Normally, if there is a data validation error, the EBT system must return an error response message corresponding to the request message type. If the request message is received with a message type that cannot be recognized, the system must return an Unrecognizable Message response.

2.1.1 Unrecognizable Message Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0085
Message Type	8	5–12	X	UNRECXXX
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	9999
Response Code	4	47–50	X	XX03

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	XXXXXXXX
County Code	2	81–82	9	99
Local Office Code	3	83–85	X	XXX

Usage Notes

- When a Message Identification (ID) is unrecognizable to the EBT system and therefore cannot be processed, the Unrecognizable Message response is sent with Response Code XX03 to the eligibility system.

2.1.2 Generic Error Codes for All Messages

The error codes listed below apply to all host-to-host message types.

Error Codes

- XX01 = Incorrect Record Length
- XX02 = Invalid Message Type
- XX03 = Invalid Message ID
- XX04 = Response Code not initialized
- XX05 = Invalid/missing Message Version
- XX06 = Invalid Date
- XX07 = Invalid Time
- XX08 = Missing User ID
- XX09 = Invalid County Code
- 2090 = Host system cannot process message

2.2 Host-to-Host Messages

Each incoming Host-to-Host message falls into one of six scenarios for which rules exist (Message Error, Inquiry—Fixed Return, Inquiry—Variable Return, Inquiry—Variable Return with Continuation, Update—Same Length Return, and Update—Longer Fixed Length Returned).

2.2.1 Case Inquiry**2.2.1.1 Case Inquiry Request**

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	CASEINQY
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0100
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1, County Codes.
Local Office Code	3	83–85	X	Optional
SUID	15	86–100	X	EBT case SUID.
Filler	10	101–110	X	

2.2.1.2 Case Inquiry Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	CASEINQY

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0110
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
SUID	15	86–100	X	From request message.
Filler	10	101–110	X	

Error Codes

0101 = SUID not found

2.2.1.3 Case Inquiry Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	3632
Message Type	8	5–12	X	CASEINQY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0110
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
SUID	15	86–100	X	From request message.
Filler	10	101–110	X	
Food Account Status	2	111–112	9	01 = Open (Active/Inactive). 02 = Closed (Dormant/Expunged).
Food Account Balance Indicator	1	113	X	+ = Positive account balance. – = Negative account balance.
Food Balance	7	114–120	9(5)V 99	
Cash Account Status	2	121–122	9	01 = Open (Active/Inactive). 02 = Closed (Dormant/Expunged).
Cash Account Balance Indicator	1	123	X	+ = Positive account balance. – = Negative account balance.
Cash Balance	7	124–130	9(5)V 99	
Cardholder Count	2	131–132	9	Occurrences of repeating data to follow (number of individual cardholders for this case).
Card Number	16	133–148	9	
Primary/Alternate Indicator	2	149–150	9	01-99
Card Status	2	151–152	9	See Section 5.2, Card Status Codes.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Cardholder Access	1	153	9	See Section 5.4, Cardholder Access Codes.
First Name	15	154–168	X	
Middle Initial	1	169	X	
Last Name	25	170–194	X	
Date of Birth	8	195–202	9	CCYYMMDD
Filler	3430	203–3632	X	50 occurrences of repeating data are always returned. However, if the Occurrence Count field is less than 50, the remaining occurrences are space/zero-filled.

Usage Notes

For cases with no demographics (i.e., unlinked benefits) the EBT Contractor must return the information as follows:

- First and Last name must be returned as “unknown.”
- Date of Birth and Card Number must be returned as zeros.

2.2.2 Cardholder Search

2.2.2.1 Cardholder Search Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0200
Message Type	8	5–12	X	CLNTRCH
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1200
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
Search Data	30	86–115	X	Search criteria: SSN, Card Number, SUID, or Name (name format is last name, comma, first name).
Search Type	1	116	9	2 = SSN 3 = Card Number 4 = SUID 5 = Name
Continuation Key	80	117–196	X	For initial request, filled with spaces. For a continuation request, filled with the continuation key from the previous response.
Filler	4	197–200	X	

Usage Notes

- The Cardholder (Client) Search message performs a positional search based on the search data and search type provided.
- Partial data searches are allowed, and an exact match is not necessary for results to be returned. For example, if the sorted last names on the database included DAVIS, DENTON, DUNSTON, and EDWARDS, a name search with search data of “D” would return records sequentially starting with DAVIS and ending with DUNSTON, while a name search with search data of “DEN” would return records sequentially starting with DENTON and ending with DUNSTON. A name search data of "DUB" would return record sequentially starting with "DUNSTON, ending in DUSTON."
- The positional search starting with “D” must search all last names starting with “D” and ending with DZ but must not return anything starting with “E” or greater.

PRE-SOLICITATION #16153

- Searches with all spaces in the Search Data are not allowed.
- When entering a partial SSN or a partial card number for searches, trailing spaces are not allowed. Trailing zeros after the search criteria values must be provided. For example, if only the first three numbers of the SSN is known (999), search criteria value must be 999000000 followed by spaces. Entering only 999 followed by spaces must return the error 1204. In another example, using the first four numbers of the card number that are known (5412), the user must enter 5412000000000000 followed by spaces. Entering only 5412 followed by spaces must return the error 1204.
- The Cardholder (Client) Search message is a statewide search and is not restricted to a particular county.

2.2.2.2 Cardholder Search Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0200
Message Type	8	5–12	X	CLNTRCH
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1210
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Search Data	30	86–115	X	From request message.
Search Type	1	116	X	From request message.
Continuation Key	80	117–196	X	From request message.
Filler	4	197–200	X	

PRE-SOLICITATION #16153

Error Codes

- 1201 = Invalid Search Type
- 1202 = No record(s) found based on the Search Type and search data provided
- 1204 = Non-numeric data in SSN or Card Number
- 1205 = End of File reached in search

2.2.2.3 Cardholder Search Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	1784
Message Type	8	5–12	X	CLNTRCH
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1210
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Search Data	30	86–115	X	From request message.
Search Type	1	116	X	From request message.
Continuation Key	80	117–196	X	Spaces if no more data available. Continuation key if more data available and to be used by the next request for receiving additional data.
Filler	4	197–200	X	

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Occurrence Count	2	201–202	9	Occurrences of repeating data to follow; Max this record = 14.
Last Name	25	203–227	X	
First Name	15	228–242	X	
Middle Initial	1	243	X	
Address Line 1	30	244–273	X	
SUID	15	274–288	X	
Card Number	16	289–304	9	
Primary/Alternate Indicator	2	305–306	9	
SSN	9	307–315	9	
Filler	1,469	316–1,784	X	14 occurrences of repeating data are always returned. However, if the Occurrence Count field is less than 14, the remaining occurrences are space/zero-filled.

2.2.3 Cardholder (Client) Inquiry

2.2.3.1 Cardholder (Client) Inquiry Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	CLNTINQY
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0200
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
SUID	15	86–100	X	Cardholder SUID.
Primary/Alternate Indicator	2	101–102	9	
Filler	8	103–110	X	

2.2.3.2 Cardholder (Client) Inquiry Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	CLNTINQY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0210
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
SUID	15	86–100	X	From request message.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Primary/Alternate Indicator	2	101–102	9	From request message.
Filler	8	103–110	X	

Error Codes

0201 = SUID not found

0202 = Primary/Alternate Indicator not found

2.2.3.3 Cardholder (Client) Inquiry Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0300
Message Type	8	5–12	X	CLNTINQY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0210
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
SUID	15	86–100	X	From request message.
Primary/Alternate Indicator	2	101–102	9	From request message.
Filler	8	103–110	X	
Card Number	16	111–126	9	
Card Status	2	127–128	9	See Section 5.2.
Cardholder Access	1	129	9	See Section 5.4.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
First Name	15	130–144	X	
Middle Initial	1	145	X	
Last Name	25	146–170	X	
Date of Birth	8	171–178	9	CCYYMMDD
SSN	9	179–187	9	
Telephone	10	188–197	9	
Cardholder County Code	2	198–199	9	See Section 5.1.
Cardholder Local Office Code	3	200–202	X	
Address 1	30	203–232	X	
Address 2	30	233–262	X	
City	20	263–282	X	
State	2	283–284	X	
Zip	9	285–293	9	Either 9 numbers or 5 numbers followed by 4 zeros.
Restaurant Indicator	1	294	X	Y = Yes N = No
Filler	6	295-300	X	

Usage Notes

- When a demographic is added with a blank Restaurant Indicator, a value of “N” must be assigned.

2.2.4 Benefit Inquiry

2.2.4.1 Benefit Inquiry Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	BENEINQY
Reserved for County Use	20	13–32	X	

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0300
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
SUID	15	86–100	X	EBT case SUID.
Account Type	1	101	X	1 = Food 2 = Cash
Filler	9	102–110	X	

2.2.4.2 Benefit Inquiry Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	BENEINQY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0310
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
SUID	15	86–100	X	From request message.
Account Type	1	101	X	From request message.
Filler	9	102–110	X	

Error Codes

0301 = SUID not found

0302 = Account Type not found

2.2.4.3 Benefit Inquiry Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	3072
Message Type	8	5–12	X	BENEINQY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0310
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
SUID	15	86–100	X	From request message.

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments
Account Type	1	101	X	From request message.
Filler	9	102–110	X	
Account Status	2	111–112	9	01 = Open (Active/Inactive). 02 = Closed (Dormant/Expunged).
Account Balance Indicator	1	113	X	+ = Positive account balance. – = Negative account balance.
Account Balance	7	114–120	9(5)V 99	
Benefit Count	2	121–122	9	Occurrences of repeating data (total number of benefit grants) to follow; max this record = 50.
Benefit Authorization Number	16	123–138	X	
Benefit Month	6	139–144	9	CCYYMM
Benefit Type	6	145–150	X	
Initial Amount	7	151–157	9(5)V 99	Initial amount of the benefit grant.
Last Applied Date/Availability Date	8	158–165	9	CCYYMMDD If Availability Status = 1, contains last applied date (last date a transaction was applied against this grant). If Availability Status = 2, contains availability date (benefit is in pending).
Last Applied Amount	7	166–172	9(5)V 99	Last transaction amount applied against this grant; 0000000 for pending.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Credit/Debit Indicator	1	173	X	+ = Last applied amount was a credit. – = Last applied amount was a debit. C for pending.
Remaining Amount	7	174–180	9(5)V 99	Amount remaining in the benefit grant.
Availability Status	1	181	X	1 = Posted to an account. 2 = Pending (not posted to an account).
Filler	2891	182–3072	X	50 occurrences of repeating data are always returned. However, if the Occurrence Count field is less than 50, the remaining occurrences are space/zero-filled.

2.2.5 Card Inquiry

2.2.5.1 Card Inquiry Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	CARDINQY
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0400
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
Card Number	16	86–101	9	Cardholder's current or past Food and Cash Card number.
Filler	9	102–110	X	

PRE-SOLICITATION #16153

2.2.5.2 Card Inquiry Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	CARDINQY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0410
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Card Number	16	86–101	9	From request message.
Filler	9	102–110	X	

Error Codes

0401 = Card Number not found

PRE-SOLICITATION #16153

2.2.5.3 Card Inquiry Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0210
Message Type	8	5–12	X	CARDINQY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0410
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Card Number	16	86–101	9	From request message.
Filler	9	102–110	X	
Card Status	2	111–112	9	See Section 5.2.
Cardholder Access	1	113	9	See Section 5.4.
Incorrect PIN Attempt Count	2	114–115	9	Current count of consecutive bad PIN attempts.
Card Issue Date	8	116–123	9	CCYYMMDD Date the card records were created on the host system.
Total Cards Issued	2	124–125	9	Total Food and Cash Cards issued for this cardholder over the life of the account (99 if greater than or equal to 100).

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Previous Primary Account Number (PAN)	16	126–141	9	If cards issued > 1; indicates the number of the card this card replaced.
SSN	9	142–150	9	
SUID	15	151–165	X	
Primary/Alternate Indicator	2	166–167	9	
First Name	15	168–182	X	
Middle Initial	1	183	X	
Last Name	25	184–208	X	
Filler	2	209–210	X	

2.2.6 Card History

2.2.6.1 Card History Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0200
Message Type	8	5–12	X	CARDHIST
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1500
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Search Data	16	86–101	X	Contains either SUID or Card Number.
Search Type	1	102	9	1 = SUID; returns all card history found for SUID. 2 = Card Number; returns card history for only the card number sent in search data.
Start Date	8	103–110	9	CCYYMMDD Optional field. If spaces, all Card History records meeting the search criteria are returned. If date is supplied, all Card History records meeting the search criteria from this date forward are returned.
Continuation Key	80	111–190	X	If this is the initial request, filled with spaces. If this is a continuation request, filled with the continuation key from the previous response.
Filler	10	191–200	X	

2.2.6.2 Card History Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0200
Message Type	8	5–12	X	CARDHIST
Reserved for County Use	20	13–32	X	From request message.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1510
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Search Data	16	86–101	X	From request message.
Search Type	1	102	9	From request message.
Start Date	8	103–110	9	From request message.
Continuation Key	80	111–190	X	From request message.
Filler	10	191–200	X	

Error Codes

- 1501 = Invalid Search Type
- 1502 = SUID not found
- 1503 = Card Number not found
- 1504 = Invalid Start Date
- 1505 = No records found (all fields valid, but no records on or after Start Date)

PRE-SOLICITATION #16153

2.2.6.3 Card History Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	2358
Message Type	8	5–12	X	CARDHIST
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1510
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Search Data	16	86–101	X	From request message.
Search Type	1	102	X	From request message.
Start Date	8	103–110	9	From request message.
Continuation Key	80	111–190	X	Spaces if no more data available. Continuation key if more data is available and to be used by the next request for receiving additional data.
Filler	10	191–200	X	
Occurrence Count	2	201–202	9	Occurrences of repeating data to follow. Max this record = 13.
Card Number	16	203–218	9	

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Primary/Alternate Indicator	2	219–220	9	
Card Status	2	221–222	9	Card status at time of this action.
Date	8	223–230	9	CCYYMMDD. Date when this action occurred (from host system).
Time	6	231–236	9	HHMMSS. Time when this action occurred (from host system).
Action Taken	40	237–276	X	Description of the specific action taken. See Section 5.3, Administrative Actions.
Record Locator	80	277–356	X	Used as input for Card History Detail message, if specific detailed information is required on one specific action.
Filler	2002	357–2,358	X	13 occurrences of repeating data are always returned. However, if the Occurrence Count field is less than 13, the remaining occurrences are space/zero-filled.

Usage Notes

- Card actions are returned in chronological order based on the host system date and time.

PRE-SOLICITATION #16153

2.2.7 Card History Detail

2.2.7.1 Card History Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0170
Message Type	8	5–12	X	CRDHSTDT
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1600
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
Record Locator	80	86–165	X	From Card History Message Response (message 1510).
Filler	5	166–170	X	

PRE-SOLICITATION #16153

2.2.7.2 Card History Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0170
Message Type	8	5–12	X	CRDHSTDT
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1610
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Record Locator	80	86–165	X	From request message.
Filler	5	166–170	X	

Error Codes

1601 = Invalid Record Locator

PRE-SOLICITATION #16153

2.2.7.3 Card History Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0460
Message Type	8	5–12	X	CRDHSTDT
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1610
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Record Locator	80	86–165	X	From request message.
Filler	1	166	X	
First Name	15	167–181	X	
Middle Initial	1	182	X	
Last Name	25	183–207	X	
Date of Birth	8	208–215	9	CCYYMMDD
Address Line	30	216–245	X	
City	20	246–265	X	
State	2	266–267	X	
Zip	9	268–276	9	Either 9 numbers or 5 numbers followed by 4 zeros.
Telephone	10	277–286	9	
SSN	9	287–295	9	
Date of Issue	8	296–303	9	CCYYMMDD

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Card Status Current	2	304–305	9	Status of Food and Cash Card at time of inquiry.
PIN Date	8	306–313	9	CCYYMMDD Date of last PIN change.
SUID	15	314–328	X	
Card Number	16	329–344	9	
Primary Alternate Indicator	2	345–346	9	
Action Taken	40	347–386	X	
Creator	8	387–394	X	Identifies the software program of interface that initiated the action.
Action Group Name	8	395–402	X	See usage notes.
Action User ID	8	403–410	X	See usage notes.
Date of Action	8	411–418	9	CCYYMMDD
Time of Action	6	419–424	9	HHMMSS
Restaurant Indicator	1	425	X	
Comment Line	30	426–455	X	Free-form comments (if present).
Filler	5	456–460	X	

Usage Notes

- Action Group Name is one of the following based on how the action was initiated:
 - CAXX where XX is the user's County Code (host-to-host, PIN selection device, and administrative application transactions).
 - CAXYYYYY where XX is the County Code and YYYY is the batch type.
 - Other codes that identify the location and function of a non-county user (e.g., customer service representative).
- Action User ID is one of the following based on how the action was initiated:
 - Food and cash administrative application user identifier.
 - User name specified in host-to-host message.
 - Batch control number.

PRE-SOLICITATION #16153

2.2.8 Account History

2.2.8.1 Account History Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0160
Message Type	8	5–12	X	HISTINQY
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0500
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
Search Type	1	86	X	C = Cardholder (SUID and Account Type required). R = Retailer (FNS Number required).
SUID	15	87–101	X	N/A for Search Type R.
Account Type	1	102	X	N/A for Search Type R. 1 = Food 2 = Cash
FNS Number	7	103–109	9	N/A for Search Type C.
Start Date	8	110–117	9	CCYYMMDD

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Continuation Key	40	118–157	X	If this is the initial request, fill with spaces. If this is a continuation request, fill with the continuation key from the previous response.
Filler	3	158–160	X	

2.2.8.2 Account History Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0160
Message Type	8	5–12	X	HISTINQY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0510
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
SUID	15	86–100	X	From request message.
Search Type	1	101	X	From request message.
Account Type	1	102	X	From request message.
FNS Number	7	103–109	9	From request message.
Start Date	8	110–117	9	From request message.
Continuation Key	40	118–157	X	From request message.
Filler	3	158–160	X	

PRE-SOLICITATION #16153

Error Codes

- 0501 = Invalid Search Type
- 0502 = SUID not valid for Search Type R
- 0503 = Account Type not valid for Search Type R
- 0504 = SUID missing for Search Type C
- 0505 = Account Type missing or invalid for Search Type C
- 0506 = SUID not found
- 0508 = No history records found for account
- 0509 = FNS Number not valid for Search Type C
- 0510 = FNS Number missing for Search Type R
- 0511 = FNS Number not found
- 0512 = Invalid Start Date

2.2.8.3 Account History Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	3742
Message Type	8	5–12	X	HISTINQY
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0510
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Search Type	1	86	X	From request message.
SUID	15	87–101	X	From request message.

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments
Account Type	1	102	X	From request message.
FNS Number	7	103–109	9	From request message.
Start Date	8	110–117	9	From request message.
Continuation Key	40	118–157	X	Spaces if no more data available. Continuation key if more data is available and to be used by the next request for receiving additional data.
Filler	3	158–160	X	
Transaction Count	2	161–162	9	Occurrences of repeating data (number of transactions) to follow; max this record = 20.
System Date	8	163–170	9	CCYYMMDD Date from point-of-sale (POS) device/automated teller machine (ATM) or system initiating the transaction.
System Time	8	171–178	9	HHMMSSSS EBT host system time.
Tran Type	1	179	9	See Section 5.5, Transaction Type Codes.
Sub Tran Type	1	180	9	See Section 5.5.
Transaction Amount	7	181–187	9(5)V 99	Attempted or requested transaction amount.
Completed Amount	7	188–194	9(5)V 99	Transaction amount actually completed.

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments
Card Number	16	195–210	9	Card number used to initiate the transaction or the card number of the primary cardholder for administrative transactions.
Response Code	2	211–212	9	See Section 5.6, Transaction Response Codes.
Reversal Reason Code	2	213–214	9	See Section 5.7, Reversal Reason Codes.
Terminal ID	15	215–229	X	From POS/ATM.
Merchant Name	15	230–244	X	From POS/ATM.
Merchant Address	52	245–296	X	From POS/ATM Position 1 - 25 : Address Position 25-50: City Position 51-52: State
FNS Number	7	297–303	9	
Retrieval Reference Number	15	304–318	X	From acquirer, internal trace/reference number that uniquely identifies a transaction.
Account Balance Indicator	1	319	X	Balance at completion of transaction. + = Positive account balance. – = Negative account balance.
As of Balance	7	320–326	9(5)V 99	Balance at completion of transaction.
Completed Fee	4	327–330	9(2)V 99	Fee associated with transaction.
Completed Surcharge	4	331–334	9(2)V 99	Surcharge associated with transaction.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Swiped/Keyed	1	335	X	S = Swiped card K = Key-entered card M = Manual
Authorization ID	6	336–341	9	Original transaction authorization/approval number assigned internally by host.
Filler	3401	342–3742	X	20 occurrences of repeating data are always returned. However, if the Occurrence Count field is less than 20, the remaining occurrences are space/zero-filled.

Usage Notes

- Transactions are returned in chronological order based on the host system date and time.
- Zero dollar expungement transactions must be filtered and not returned on the response.
- For non-retailer/ATM transactions a default value of 'S' must be returned in the Swiped/Keyed field.
- For non-retailer/ATM transactions the EBT Contractor transaction description must be used to populate the Merchant Name field.

2.2.9 Cardholder (Client) Add/Change

2.2.9.1 Cardholder (Client) Add/Change Request

Description	Length	Position	Type	Comments	Action Code		
					01	02	03
Record Length	4	1–4	9	0306	R	R	R
Message Type	8	5–12	X	CLIENTAC	R	R	R
Reserved for County Use	20	13–32	X		n/a	n/a	n/a

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments	Action Code		
					01	02	03
Reserved for EBT Contractor	10	33–42	X		n/a	n/a	n/a
Message ID	4	43–46	9	0600	R	R	R
Response Code	4	47–50	X	0000	R	R	R
Reserved for EBT Contractor	4	51–54	X		n/a	n/a	n/a
Message Version	2	55–56	9	01	R	R	R
Date	8	57–64	9	CCYYMMDD	R	R	R
Time	8	65–72	9	HHMMSSSS	R	R	R
User ID	8	73–80	X	County user initiating request.	R	R	R
County Code	2	81–82	9	See Section 5.1.	R	R	R
Local Office Code	3	83–85	X		O	O	O
Filler	8	86–93	X		n/a	n/a	n/a
Disaster Card Number	16	94–109	X	Pre-printed Disaster Card number to be issued to cardholder. See Section 5.8, Card and PIN Issuance Codes.	O	O	n/a
Restaurant Indicator	1	110	X	Cardholder restaurant indicator. Y = Yes N = No	O	O	n/a
Action Code	2	111–112	X	01 = Add Cardholder 02 = Change Cardholder 03 = Reactivate Account	R	R	R

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments	Action Code		
					01	02	03
SUID	15	113–127	X	Cardholder EBT case SUID.	R	R	R
Account Type	1	128	X	1 = Food 2 = Cash	n/a	n/a	R
Primary/Alternate Indicator	2	129–130	9	Cardholder primary/alternate indicator.	R	R	n/a
Cardholder Access	1	131	X	Cardholder account access. See Section 5.4.	R	R	n/a
SSN	9	132–140	9	Cardholder SSN.	O	O	n/a
First Name	15	141–155	X	Cardholder first name.	R	R	n/a
Middle Initial	1	156	X	Cardholder middle initial.	O	O	n/a
Last Name	25	157–181	X	Cardholder last name.	R	R	n/a
Address 1	30	182–211	X	Cardholder address.	R	R	n/a
Address 2	30	212–241	X	Cardholder additional address information.	O	O	n/a
City	20	242–261	X	Cardholder city.	R	R	n/a
State	2	262–263	X	Cardholder state.	R	R	n/a
Zip	9	264–272	9	Must be either 9 numeric characters or 5 numeric characters followed by 4 spaces.	R	R	n/a

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments	Action Code		
					01	02	03
Cardholder County Code	2	273–274	9	Cardholder County. See Section 5.1.	R	R	n/a
Cardholder Local Office Code	3	275–277	X	Cardholder local office code.	O	O	n/a
Caseworker ID	6	278–283	X	Cardholder caseworker ID.	O	O	n/a
Date of Birth	8	284–291	9	CCYYMMDD Cardholder date of birth.	O	O	n/a
Telephone	10	292–301	9	Cardholder telephone number.	O	O	n/a
Card Issuance Code	1	302	X	Card issuance instructions. See Section 5.8.	R	R	n/a
PIN Issuance Code	1	303	X	PIN issuance instructions. See Section 5.8.	R	R	n/a
Language Code	2	304–305	X	Cardholder language. See Section 5.9, Language Codes.	R	R	n/a
Filler	1	306	9	0	n/a	n/a	n/a

Usage Notes

- Field applicability is listed for each Action Code as follows:
 - R — Required field
 - O — Optional field
 - n/a — Field is not applicable and must be ignored
- The first two characters of the SUID must match the County Code and the Cardholder County Code.

PRE-SOLICITATION #16153

- If the Restaurant Indicator contains any value other than "Y" or "N," the system must:
 - Action Code 01 – Set the cardholder's Restaurant Indicator to "N."
 - Action Code 02 – Make no change to the cardholder's Restaurant Indicator.
- The SUID, First Name, Middle Initial, and Last Name fields must not contain any special characters.
- The SUID and Primary/Alternate Indicator for an existing cardholder cannot be changed.
- For a new SUID, a primary cardholder (primary/alternate) indicator "01" must be added before adding alternate cardholders (primary/alternate indicators in the range of "02" through "99").
- Date of Birth must be a valid date that is not in the future or all zeros. A zero filled Date of Birth must be stored as 01/01/1900.

2.2.9.2 Cardholder (Client) Add/Change Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0322
Message Type	8	5–12	X	CLIENTAC
Reserved for County Use	20	13–32	X	From request message
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0610
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message
County Code	2	81–82	9	From request message
Local Office Code	3	83–85	X	From request message

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Filler	8	86–93	X	
Disaster Card Number	16	94–109	9	From request message
Restaurant Indicator	1	110	X	From request message
Action Code	2	111–112	X	From request message
SUID	15	113–127	X	From request message
Account Type	1	128	X	From request message
Primary/Alternate Indicator	2	129–130	X	From request message
Cardholder Access	1	131	X	From request message
SSN	9	132–140	9	From request message
First Name	15	141–155	X	From request message
Middle Initial	1	156	X	From request message
Last Name	25	157–181	X	From request message
Address 1	30	182–211	X	From request message
Address 2	30	212–241	X	From request message
City	20	242–261	X	From request message
State	2	262–263	X	From request message
Zip	9	264–272	9	From request message
Cardholder County Code	2	273–274	9	From request message
Cardholder Local Office Code	3	275–277	X	From request message
Caseworker ID	6	278–283	X	From request message
Date of Birth	8	284–291	9	From request message
Telephone	10	292–301	9	From request message
Card Issuance Code	1	302	X	From request message
PIN Issuance Code	1	303	X	From request message
Language Code	2	304–305	X	From request message
Filler	17	306–322	X	

Error Codes

DT02 = Invalid/missing Action Code

DT03 = SUID missing/incorrect

PRE-SOLICITATION #16153

- DT04 = Invalid/missing Account Type (Action Code 3 only)
- DT05 = Invalid/missing Primary/Alternate Indicator
- DT06 = Invalid/missing Cardholder Access
- DT07 = Invalid SSN
- DT08 = Missing First or Last Name
- DT09 = Missing Address (mandatory line 1)
- DT10 = Missing City
- DT11 = Missing State
- DT12 = Invalid/missing Zip Code
- DT13 = Invalid/missing County Code
- DT15 = Invalid Date of Birth
- DT16 = Invalid Telephone Number
- DT17 = Invalid/missing Card Issuance Code
- DT18 = Invalid/missing PIN Issuance Code
- DT19 = Invalid/missing Language Indicator
- DT25 = 01 Action Code—cardholder already exists
- DT26 = 01 Action Code (alternate)—no primary cardholder for SUID
- DT27 = 02 Action Code—cardholder not found
- DT29 = 03 Action Code—account already active
- DT32 = Pre-printed card number already exists
- DT33 = Pre-printed card number contains invalid check digit
- DT35 = Invalid pre-printed card number

2.2.9.3 Cardholder (Client) Add/Change Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0322
Message Type	8	5–12	X	CLIENTAC
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0610
Response Code	4	47–50	X	0000

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Filler	8	86–93	X	
Disaster Card Number	16	94–109	X	From request message.
Restaurant Indicator	1	110	X	From request message.
Action Code	2	111–112	X	From request message.
SUID	15	113–127	X	From request message.
Account Type	1	128	X	From request message.
Primary/Alternate Indicator	2	129–130	X	From request message.
Cardholder Access	1	131	X	From request message.
SSN	9	132–140	9	From request message.
First Name	15	141–155	X	From request message.
Middle Initial	1	156	X	From request message.
Last Name	25	157–181	X	From request message.
Address 1	30	182–211	X	From request message.
Address 2	30	212–241	X	From request message.
City	20	242–261	X	From request message.
State	2	262–263	X	From request message.
Zip	9	264–272	9	From request message.
Cardholder County Code	2	273–274	9	From request message.
Cardholder Local Office Code	3	275–277	X	From request message.
Caseworker ID	6	278–283	X	From request message.
Date of Birth	8	284–291	9	From request message.
Telephone	10	292–301	9	From request message.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Card Issuance Code	1	302	X	From request message.
PIN Issuance Code	1	303	X	From request message
Language Code	2	304–305	X	From request message.
Filler	1	306	9	From request message.
Card Number Generated	16	307–322	9	When a new card number is generated, the generated card number is returned. When a Disaster Card is issued, the Disaster Card number is returned.

Usage Notes

- The card number is returned in the Card Number Generated Field for the following:
 - No Disaster Card Number, Action Code 01, Card Issuance Codes 1, 2, or 9.
 - No Disaster Card Number, Action Code 02, Card Issuance Codes 1 or 2.
 - Disaster Card Number, Action Code 01 or 02.

2.2.10 PIN Unlock

2.2.10.1 PIN Unlock Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	PINUNLCK
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1400
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
Card Number	16	86–101	9	Cardholder's current card number.
Filler	9	102–110	X	

Usage Notes

- The first two characters of the SUID associated with the Card Number must match the County Code.

2.2.10.2 PIN Unlock Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	PINUNLCK
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1410
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Card Number	16	86–101	9	From request message.
Filler	9	102–110	X	

PRE-SOLICITATION #16153

Error Codes

- 1401 = Card Number not found
- 1402 = Card not active
- 1403 = PIN not locked
- 1412 = Attempt to unlock a PIN for a Food and Cash Card issued in another county is prohibited.

2.2.10.3 PIN Unlock Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	PINUNLCK
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1410
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Card Number	16	86–101	9	From request message.
Filler	9	102–110	X	

2.2.11 Card Change

2.2.11.1 Card Change Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	CARDCHNG

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0700
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
Card Number	16	86–101	9	Cardholder's current card number.
Card Status	2	102–103	9	New card status. See Section 5.2.
Filler	7	104–110	X	

Usage Notes

- The first two characters of the SUID associated with the Card Number must match the County Code.
- Card Status may only contain card status codes approved for county use (See Section 5.2).

2.2.11.2 Card Change Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	CARDCHNG
Reserved for County Use	20	13–32	X	From request message.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0710
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Card Number	16	86–101	9	From request message.
Card Status	2	102–103	9	From request message.
Filler	7	104–110	X	

Error Codes

- 0701 = Card Number not found
- 0702 = Invalid Card Status
- 0703 = Unable to communicate with reissue server
- 0704 = Attempt to change the status of a Food and Cash Card issued by another county; request to change this card's status is denied

2.2.11.3 Card Change Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	CARDCHNG
Reserved for County Use	20	13–32	X	From request message
Reserved for EBT Contractor	10	33–42	X	

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Message ID	4	43–46	9	0710
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message
County Code	2	81–82	9	From request message
Local Office Code	3	83–85	X	From request message
Card Number	16	86–101	9	From request message
Card Status	2	102–103	9	From request message
Filler	7	104–110	X	

2.2.12 Card Printing

2.2.12.1 Card Printing Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0113
Message Type	8	5–12	X	CARDEMBS
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1100
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
Card Number	16	86–101	9	Card number to be printed.
Printer ID	12	102–113	X	Positions 1 and 2 = County Code. Positions 3–12 = Printer ID (must be unduplicated statewide). Printer IDs are configured during setup of the card printer by the EBT Contractor.

Usage Notes

- The first two characters of the SUID associated with the Card Number must match the County Code.
- The County Code embedded in the Printer ID need not match the request message County Code.

2.2.12.2 Card Printing Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0153
Message Type	8	5–12	X	CARDEMBS
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1110
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Card Number	16	86–101	9	From request message.
Printer ID	12	102–113	X	From request message.
Printer Error Description	40	114–153	X	Description of specific printer error for Error Response Code 1104.

Error Codes

- 1101 = Card not found
- 1102 = Card already printed
- 1103 = Printer ID not valid
- 1104 = Card Printer Error:
- 1105 = Invalid Card Status

2.2.12.3 Card Printing Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0153
Message Type	8	5–12	X	CARDEMBS
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1110
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Card Number	16	86–101	9	From request message.
Printer ID	12	102–113	X	From request message.
Printer Warning Description	40	114–153	X	Description of printer warnings following successful card printing.

2.2.13 Benefit Add/Void

2.2.13.1 Benefit Add/Void Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0156
Message Type	8	5–12	X	BENFITAV
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0800
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Profile Number	9	86–94	9	0600100XX = Food 0600200XX = Cash Where XX = County Code
Action Code	2	95–96	X	01 = Benefit Add. 02 = Benefit Void (delete benefit that has not been deposited into an account).
Benefit Type	6	97–102	X	Benefit grant benefit type (see Appendix G, Benefit Types Used in California).
Credit/Debit Indicator	2	103–104	X	CR = Credit (valid only for action code 01). DB = Debit (valid only for action code 02).
SUID	15	105–119	X	EBT case SUID.
Amount	7	120–126	9(5)V 99	Benefit grant amount.
Available Date	8	127–134	9	CCYYMMDD Benefit grant availability date.
Benefit Period Date	6	135–140	9	CCYYMM Benefit grant benefit month.
Authorization Number	16	141–156	X	Benefit grant authorization number.

Usage Notes

- The first two characters of the SUID must match the County Code.
- Each benefit type is assigned a maximum benefit grant amount.
- With the exception of Los Angeles County (County Code 19), the first two characters of the Benefit Authorization Number must match the County Code.

PRE-SOLICITATION #16153

- For Los Angeles County (County Code 19), the first character of the Benefit Authorization Number must be non-numeric or the first two characters of the benefit authorization number must match the County Code.
- The Benefit Availability Date must not be in the future for a Benefit Add.
- The Benefit Period Date can be in the future.
- The authorization number must be a minimum length of four characters or the benefit must reject with error code DT09.

2.2.13.2 Benefit Add/Void Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0156
Message Type	8	5–12	X	BENFITAV
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0810
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Profile Number	9	86–94	9	From request message.
Action Code	2	95–96	X	From request message.
Benefit Type	6	97–102	X	From request message.
Credit/Debit Indicator	2	103–104	X	From request message.
SUID	15	105–119	X	From request message.
Amount	7	120–126	9(5)V 99	From request message.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Available Date	8	127–134	9	From request message.
Benefit Period Date	6	135–140	9	From request message.
Authorization Number	16	141–156	X	From request message.

Error Codes

- DT01 = Invalid/missing Profile Number
- DT02 = Invalid/missing Action Code
- DT03 = Invalid/missing Benefit Type
- DT04 = Invalid/missing Credit/Debit Indicator
- DT05 = Invalid/missing SUID
- DT06 = Invalid/missing Amount
- DT07 = Invalid/missing Availability Date
- DT08 = Invalid/missing Benefit Period Date
- DT09 = Invalid/missing Authorization Number
- DT20 = 01 Action Code—duplicate benefit
- DT21 = 02 Action Code—benefit not found
- DT22 = 02 Action Code—benefit has already been deposited
- DT31 = No cardholder has access to benefit

2.2.13.3 Benefit Add/Void Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0156
Message Type	8	5–12	X	BENFITAV
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	0810
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Profile Number	9	86–94	9	From request message.
Action Code	2	95–96	X	From request message.
Benefit Type	6	97–102	X	From request message.
Credit/Debit Indicator	2	103–104	X	From request message.
SUID	15	105–119	X	From request message.
Amount	7	120–126	9(5) V99	From request message.
Available Date	8	127–134	9	From request message.
Benefit Period Date	6	135–140	9	From request message.
Authorization Number	16	141–156	X	From request message.

2.2.14 Account Repayment

2.2.14.1 Account Repayment Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	ACCREPAY
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1000
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
SUID	15	86–100	X	EBT case SUID.
Account Type	1	101	X	Account to be debited. 1 = Food 2 = Cash
Repayment Amount	7	102–108	9(5)V 99	Amount to be debited.
Filler	2	109–110	X	

Usage Notes

- The first two characters of the SUID must match the County Code.

2.2.14.2 Account Repayment Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0110
Message Type	8	5–12	X	ACCREPAY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1010
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
SUID	15	86–100	X	From request message.
Account Type	1	101	X	From request message.
Repayment Amount	7	102–108	9(5)V 99	From request message.
Filler	2	109–110	X	

Error Codes

- 1001 = SUID not found
- 1003 = Invalid repayment amount
- 1004 = Insufficient funds to cover repayment amount
- 1005 = Invalid Account Type

2.2.14.3 Account Repayment Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0117
Message Type	8	5–12	X	ACCREPAY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1010
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
SUID	15	86–100	X	From request message.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Account Type	1	101	X	From request message.
Repayment Amount	7	102–108	9(5)V 99	From request message.
Filler	1	109	X	
Account Balance Indicator	1	110	X	Account balance after completion or repayment transaction. + = Positive account balance. – = Negative account balance.
Amount Remaining	7	111-117	9(5)V 99	Account balance after completion of repayment transaction.

2.2.15 Benefit Type Repayment

2.2.15.1 Benefit Type Repayment Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0120
Message Type	8	5–12	X	BENREPAY
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1300
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request
County Code	2	81–82	9	See Section 5.1.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Local Office Code	3	83–85	X	Optional
SUID	15	86–100	X	EBT case SUID
Account Type	1	101	X	Account to be debited 1 = Food 2 = Cash
Repayment Amount	7	102–108	9(5)V 99	Amount to be debited
Benefit Type	6	109–114	X	Specific benefit type to be debited.
Filler	6	115–120	X	

Usage Notes

- The first two characters of the SUID must match the County Code.

2.2.15.2 Benefit Type Repayment Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0120
Message Type	8	5–12	X	BENREPAY
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1300
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
SUID	15	86–100	X	EBT case SUID.
Account Type	1	101	X	Account to be debited. 1 = Food 2 = Cash
Repayment Amount	7	102–108	9(5)V 99	Amount to be debited.
Benefit Type	6	109–114	X	Specific benefit type to be debited (see Appendix G).
Filler	6	115–120	X	

Error Codes

- 1301 = SUID not found
- 1302 = Account Type invalid
- 1303 = Invalid Amount (must be numeric and greater than zero)
- 1304 = Invalid Benefit Type
- 1305 = Insufficient funds to complete repayment

2.2.15.3 Benefit Type Repayment Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	0128
Message Type	8	5–12	X	BENREPAY
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1310
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
User ID	8	73–80	X	From request message.
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
SUID	15	86–100	X	From request message.
Account Type	1	101	X	From request message.
Repayment Amount	7	102–108	9(5)V 99	From request message.
Benefit Type	6	109–114	X	From request message.
Filler	6	115–120	X	
Account Balance Indicator	1	121	X	+ = Positive account balance. – = Negative account balance.
Amount Remaining	7	122–128	9(5)V 99	Account balance after completion of repayment transaction (balance returned is at the account level).

2.2.16 Retailer Search

2.2.16.1 Retailer Search Request

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	TBD
Message Type	8	5–12	X	RTLRSRCH
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1700
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
Additional fields to be determined during design.				

Usage Notes

- The request message will include:
 - Zone Improvement Plan (ZIP) code or longitude and latitude.
 - Retailer type (FNS-authorized retailers, farmers' market, restaurant meals location, cash access location, or surcharge-free cash access location).
 - Search distance.

2.2.16.2 Retailer Search Error Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	TBD
Message Type	8	5–12	X	RTLRSRCH
Reserved for County Use	20	13–32	X	From request message.
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1700
Response Code	4	47–50	X	Contains specific error code indicating why the message was rejected.
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	From request message.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
County Code	2	81–82	9	From request message.
Local Office Code	3	83–85	X	From request message.
Same fields as the requests message. Values from request message.				

Error Codes

To be determined during design.

2.2.16.3 Retailer Search Normal Response

Description	Length	Position	Type	Comments
Record Length	4	1–4	9	TBD
Message Type	8	5–12	X	RTLRSRCH
Reserved for County Use	20	13–32	X	
Reserved for EBT Contractor	10	33–42	X	
Message ID	4	43–46	9	1700
Response Code	4	47–50	X	0000
Reserved for EBT Contractor	4	51–54	X	
Message Version	2	55–56	9	01
Date	8	57–64	9	CCYYMMDD
Time	8	65–72	9	HHMMSSSS
User ID	8	73–80	X	County user initiating request.
County Code	2	81–82	9	See Section 5.1.
Local Office Code	3	83–85	X	Optional
Same fields as the requests message. Values from request message.				
Additional fields to be determined during design.				

Usage Notes

- The response message will list the retailers that meet the search criteria and will include:
 - Distance from location specified in the request message.
 - Retailer or bank name.
 - Retailer location (street Address, city, state, and ZIP code).

3 Eligibility System Batch Interface

Each eligibility system transmits Demographic and Benefit files for each county to a SFTP server on the EBT host system in accordance with a predefined transmission schedule. The EBT system processes these files and transmits a return file to a designated eligibility system SFTP server. Following the end of each settlement day, the EBT system generates end-of-day files for each county and transmits those files to designated eligibility system SFTP servers.

Batch files consist of fixed-length records that follow a standard format consisting of a header record, zero or more detailed records, and a trailer record. The first two characters of each record identify the record type (header, detail, or trailer). The header and trailer records also contain an eight-character transaction type, date, time, and a six-digit control number. The header record also contains an additional county code field and the trailer record contains a detail record count.

The transaction type consists of 'CA' followed by a county code followed by a four-character batch type. The control number for each transaction type is sequential and is incremented each time a batch file of that type is transmitted. Separate control number sequences are maintained for each combination of county code and batch type.

The EBT Contractor must provide SFTP addresses, passwords, and connection instructions to county eligibility system technical contacts to enable transmission of Demographic and Benefit files to the EBT system. County eligibility system technical contacts will provide the EBT Contractor with technical information for transmission of return files and end-of-day files to the eligibility system. The EBT Contractor and the eligibility system operators must use mutually agreed upon naming conventions for batch files.

A demographic and batch transmission schedule will be provided for each county that identifies the time of day and days of the year that Demographic and Benefit files will be sent. Each eligibility system and county will also provide the EBT Contractor with a list of contacts to be used in the event of a batch transmission problem or other issues. The EBT Contractor will be notified of eligibility system scheduled downtime and other transmission schedule changes. The EBT Contractor must monitor the receipt of Demographic and Benefit files and must notify the county eligibility system contacts in the event files are not received as scheduled. The EBT Contractor must also coordinate yearly transmission schedule and contact information updates with each eligibility system and county.

The EBT Contractor must notify county eligibility system contacts of scheduled or unscheduled downtime that could impact the ability of the EBT system to receive and process batch files or impact the timeliness of end-of-day file transmissions. The EBT Contractor will be notified of scheduled eligibility system maintenance and downtime that could impact scheduled SFTP file transmissions.

3.1 Demographic and Benefit Files

Demographic and Benefit batch files contain instructions for EBT system updates and actions and are processed as they are received. The EBT system must first validate the data contained in the header and trailer records. If there are any errors in the header or trailer records, the return file must contain all records in the batch with the appropriate response code in either the header or trailer record. If there are no header or trailer record errors, the EBT system validates and processes each detail record. The return file must then contain the header and trailer records (with response code 0000) and any detail records that were not processed due to errors along with the appropriate error code for each detail record. If there are no detail record errors, the return file must contain header and trailer records only. If a record contains multiple errors, the error code must reflect the first error identified. With the exception of the response code, records included in the return file must be unchanged from the records received.

The EBT system may process multiple batch files simultaneously. However, within a batch, detail records must be processed in the order they appear in the batch file, and processing of each record must be completed before processing the next record.

3.1.1 Demographic File

Demographic batch files are used to add or update cardholder information or reactivate an account. Demographic batch files are also used to issue cards and/or PINs.

3.1.1.1 Demographic File Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXDEMO (daily demographics). XX = County Code (See Section 5.1.).
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
County Code	2	33–34	9	See Section 5.1.
Reserved for County	25	35–59	X	
Filler	187	60–246	X	
Response Code	4	247–250	X	Initialized to 0000

PRE-SOLICITATION #16153

Error Codes

- HD01 = Invalid Record Type
- HD02 = Invalid Transaction Type
- HD03 = Invalid Date
- HD04 = Invalid Time
- HD05 = Invalid Control Number
- HD06 = Duplicate file (same Control Number for Transaction Type)
- HD07 = File out of sequence (Control Number for Transaction Type not incremented by one)
- HD08 = Invalid/missing County Code
- HD99 = Vendor internal generated generic error message

Usage Notes

- Record Type and Transaction Type are the minimum data elements required to identify the file being sent.

3.1.1.2 Demographic File Detail Record

Description	Length	Position	Type	Comments	Action Code		
					01	02	03
Record Type	2	1–2	X	DT	R	R	R
Action Code	2	3–4	X	01 = Add Cardholder 02 = Change Cardholder 03 = Reactivate Account	R	R	R
SUID	15	5–19	X	Cardholder EBT case SUID.	R	R	R
Account Type	1	20	X	1 = Food 2 = Cash	n/a	n/a	R
Primary/Alternate Indicator	2	21–22	9	Cardholder primary/alternate indicator.	R	R	n/a
Cardholder Access	1	23	X	Cardholder account access. See Section 5.4.	R	R	n/a

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments	Action Code		
					01	02	03
SSN	9	24–32	9	Cardholder SSN.	O	O	n/a
First Name	15	33–47	X	Cardholder first name.	R	R	n/a
Middle Initial	1	48	X	Cardholder middle initial.	O	O	n/a
Last Name	25	49–73	X	Cardholder last name.	R	R	n/a
Address-1	30	74–103	X	Cardholder address.	R	R	n/a
Address-2	30	104–133	X	Cardholder additional address information.	O	O	n/a
City	20	134–153	X	Cardholder city.	R	R	n/a
State	2	154–155	X	Cardholder state.	R	R	n/a
Zip	9	156–164	X	Must be either 9 numeric characters or 5 numeric characters followed by 4 spaces.	R	R	n/a
Cardholder County Code	2	165–166	9	Cardholder County. See Section 5.1.	R	R	n/a
Cardholder Local Office Code	3	167–169	X	Cardholder local office code.	O	O	n/a
Caseworker ID	6	170–175	X	Cardholder caseworker ID.	O	O	n/a
Date of Birth	8	176–183	9	CCYYMMDD Cardholder date of birth.	O	O	n/a
Telephone	10	184–193	9	Cardholder telephone number.	O	O	n/a
Card Issuance Code	1	194	X	Card issuance instructions. See Section 5.8.	R	R	n/a

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments	Action Code		
					01	02	03
PIN Issuance Code	1	195	X	PIN issuance instructions. See Section 5.8.	R	R	n/a
Language Indicator	2	196–197	X	Cardholder language. See Section 5.9.	R	R	n/a
Filler	1	198	9		n/a	n/a	n/a
Reserved for County	20	199–218	X		n/a	n/a	n/a
Restaurant Indicator	1	219	X	Cardholder restaurant indicator. Y = Yes N = No	O	O	n/a
Disaster Card Number	16	220–235	X	Pre-printed Disaster Card number to be issued to cardholder. See Section 5.8.	O	O	n/a
Filler	7	236–242	X		n/a	n/a	n/a
Reserved for Vendor	4	243–246	X		n/a	n/a	n/a
Response Code	4	247–250	X	Initialized to 0000	R	R	R

Error Codes

- DT01 = Invalid Record Type
- DT02 = Invalid/missing Action Code
- DT03 = SUID missing/incorrect
- DT04 = Invalid/missing Account Type (Action Code 3 only)
- DT05 = Invalid/missing Primary/Alternate Indicator
- DT06 = Invalid/missing Cardholder Access
- DT07 = Invalid SSN
- DT08 = Invalid/missing First or Last Name
- DT09 = Missing Address (mandatory line 1)

PRE-SOLICITATION #16153

DT10	=	Missing City
DT11	=	Missing State
DT12	=	Invalid/missing Zip Code
DT13	=	Invalid/missing County Code
DT14	=	Invalid Local Office Code
DT15	=	Invalid Date of Birth
DT16	=	Invalid Telephone Number
DT17	=	Invalid/missing Card Issuance Code
DT18	=	Invalid/missing PIN Issuance Code
DT19	=	Invalid/missing Language Indicator
DT25	=	01 Action Code—Cardholder already exists
DT26	=	01 Action Code (alternate)—no primary cardholder for SUID
DT27	=	02 Action Code—cardholder not found
DT28	=	03 Action Code—account not found
DT29	=	03 Action Code—account already active
DT32	=	Invalid pre-printed card number
DT33	=	Pre-printed card number already exists
DT34	=	Pre-printed card number contains invalid check digit
DT99	=	Vendor internal generated generic error message

Usage Notes

- Field applicability is listed for each Action Code as follows:
 - R – Required field.
 - O – Option field.
 - n/a – Field is not applicable and must be ignored.
- The first two characters of the SUID must match the Cardholder County Code and the batch header record County Code.
- If the Restaurant Indicator contains any value other than "Y" or "N," the system must:
 - Action Code 01 – Set the cardholder's Restaurant Indicator to "N."
 - Action Code 02 – Make no change to the cardholder's Restaurant Indicator.
- The SUID, First Name, Middle Initial, and Last Name fields must not contain any special characters.

PRE-SOLICITATION #16153

- The SUID and Primary/Alternate Indicator for an existing cardholder cannot be changed.
- For a new SUID, a primary cardholder (primary/alternate indicator “01”) must be added before adding alternate cardholders (primary/alternate indicators in the range of “02” through “99”).
- Date of Birth must be a valid date that is not in the future or all zeros. A zero filled Date of Birth must be stored as 01/01/1900.

3.1.1.3 Demographic File Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header record.
Date	8	11–18	9	Must match header record.
Time	8	19–26	9	Must match header record.
Control Number	6	27–32	9	Must match header record.
Total Detail Records	7	33–39	9	
Reserved for County	25	40–64	X	
Filler	182	65–246	X	
Response Code	4	247–250	X	Initialized to 0000

Error Codes

- TR01 = Missing Trailer Record
- TR02 = Mismatch on Transaction Type
- TR03 = Mismatch on Date
- TR04 = Mismatch on Time
- TR05 = Mismatch on Control Number
- TR06 = Mismatch on Total Detail Records
- TR99 = Vendor internal generated generic error message

PRE-SOLICITATION #16153

3.1.2 Benefit File

Benefit batch files are used to add new benefit grants and void benefit grants that have not been deposited into an account. There are four types of benefit batch files:

- Daily Food– used to add food benefit grants outside of the normal benefit cycle.
- Monthly Food– used to add monthly food benefit grants.
- Daily Cash – used to add cash benefit grants outside of the normal benefit cycle.
- Monthly Cash – used to add monthly cash benefit grants.

3.1.2.1 Benefit File Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXFSBE (daily Food). CAXXCSBE (daily Cash). CAXXFSMO (monthly Food). CAXXCSMO (monthly Cash). XX = County Code (See Section 5.1.).
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
County Code	2	33–34	9	See Section 5.1.
Profile Number	9	35–43		0600100XX = Food 0600200XX = Cash XX = County Code (must match County Code above).
Reserved for County	25	44–68	X	
Filler	48	69–116	X	
Response Code	4	117–120	X	Initialized to 0000

PRE-SOLICITATION #16153

Error Codes

- HD01 = Invalid Record Type
- HD02 = Invalid Transaction Type
- HD03 = Invalid Date
- HD04 = Invalid Time
- HD05 = Invalid Control Number
- HD06 = Duplicate file (same Control Number for Transaction Type)
- HD07 = File out of sequence (Control Number for Transaction Type not incremented by one)
- HD08 = Invalid/missing County Code
- HD09 = Invalid Profile Number
- HD99 = Vendor internal generated generic error message

Usage Notes

- Record Type and Transaction Type are the minimum data elements required to identify the file being sent.
- The Profile Number must be consistent with the Transaction Type.

3.1.2.2 Benefit File Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
Action Code	2	3–4	X	01 = Benefit Add. 02 = Benefit Void (delete benefit that has not been deposited into an account). 03 = Benefit Repayment (repayment targeted at a specific benefit authorization that has been deposited into an account)

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Benefit Type	6	5–10	X	Benefit grant benefit type (see Appendix G).
Credit/Debit Indicator	2	11–12	X	CR = Credit (valid only for action code 01). DB = Debit (valid only for action code 02).
SUID	15	13–27	X	EBT case SUID.
Amount	7	28–34	9(5)V 99	Benefit grant amount.
Available Date	8	35–42	9	CCYYMMDD Benefit grant availability date.
Benefit Period Date	6	43–48	9	CCYYMM Benefit grant benefit month.
Benefit Authorization Number	16	49–64	X	Benefit grant authorization number.
Reserved for County	25	65–89	X	
Filler	23	90–112	X	
Reserved for Vendor	4	113–116	X	
Response Code	4	117–120	X	Initialized to 0000

Error Codes

- DT01 = Invalid Record Type
- DT02 = Invalid/missing Action Code
- DT03 = Invalid/missing Benefit Type
- DT04 = Invalid/missing Credit/Debit Indicator
- DT05 = Invalid/missing SUID
- DT06 = Invalid/missing Amount
- DT07 = Invalid/missing Availability Date
- DT08 = Invalid/missing Benefit Period Date
- DT09 = Invalid/missing Authorization Number

PRE-SOLICITATION #16153

DT20 = 01 Action Code—duplicate benefit
DT21 = 02 Action Code—benefit not found
DT22 = 02 Action Code—benefit has already been deposited
DT23 = 03 Action Code—benefit not found
DT24 = 03 Action Code—insufficient funds
DT25 = 03 Action Code—repayment disabled
DT31 = No cardholder has access to benefit
DT99 = Vendor internal generated generic error

Usage Notes

- The first two characters of the SUID must match the batch header record County Code.
- Each benefit type is assigned a maximum benefit grant amount.
- With the exception of Los Angeles County (County Code 19), the first two characters of the benefit authorization number must match the batch Header record County Code.
- For Los Angeles County (County Code 19), the first character of the benefit authorization number must be non-numeric, or the first two characters of the benefit authorization number must match the batch Header record County Code.
- Benefit type must be a food benefit for Daily Food and Monthly Food batch types and must be a cash benefit for Daily Cash and Monthly Cash batch types.
- The system must reject a benefit with error code DT31 if no cardholders on the case have access to the account regardless of the availability date.
- The benefit authorization number must be a minimum length of four characters or the benefit must reject with error code DT09.
- Benefit repayments must be applied for the full amount to the specified benefit authorization.

3.1.2.3 Benefit File Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header.
Date	8	11–18	9	Must match header.
Time	8	19–26	9	Must match header.
Control Number	6	27–32	9	Must match header.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Credit Count	7	33–39	9	Total Credit Detail records.
Debit Count	7	40–46	9	Total Debit Detail records.
Credit Amount	11	47–57	9(9)V 99	Total dollars for all Credit records.
Debit Amount	11	58–68	9(9)V 99	Total dollars for all Debit records.
Total Detail Records	7	69–75	9	
Reserved for County	25	76–100	X	
Filler	16	101–116	X	
Response Code	4	117–120	X	Initialized to 0000

Error Codes

- TR01 = Missing Trailer Record
- TR02 = Mismatch on Transaction Type
- TR03 = Mismatch on Date
- TR04 = Mismatch on Time
- TR05 = Mismatch on Control Number
- TR06 = Mismatch on Total Detail Records
- TR07 = Mismatch on Credit Count
- TR08 = Mismatch on Debit Count
- TR09 = Mismatch on Credit Amount
- TR10 = Mismatch on Debit Amount
- TR99 = Vendor internal generated generic error message

3.2 End-of-Day Files

End-of-day files contain daily EBT status and activity data. End-of-day files are generated for each county following the end of each settlement day. End-of-day files for each county are transmitted every day. If there are no detail records, an end-of-day file may contain just a header and trailer records with no detail records.

PRE-SOLICITATION #16153

3.2.1 Account Activity File

The Account Activity file produced for each county contains records of all cardholder-initiated transactions (including denied transactions) and all other transactions that affect a food and cash cardholder's account balance. One Account Activity file covers one complete settlement day (3:00 p.m. to 3:00 p.m. next day Pacific Time). A State Account Activity file must also be produced that contains records for all food and cash cardholders from all counties as well as denied transactions where an EBT account could not be identified.

The Account Activity file contains two different types of detail records. For each transaction, the Account Activity file must contain one Level 1 detail record with a unique Sequence Number and a Record Indicator of "1." If the transaction affected the balance of one or more benefit grants, then the Level 1 detail record must be followed by a Level 2 detail record for each affected benefit grant. The Level 2 detail record(s) must have the same Sequence Number as the Level 1 detail record and a Record Indicator of "2." If a transaction does not affect the balance of any benefit grants, then there must be no Level 2 detail records.

3.2.1.1 Account Activity Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXACTY XX = County Code
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
County Code	2	33–34	9	See Section 5.1.
Filler	236	35–270	X	

PRE-SOLICITATION #16153

3.2.1.2 Account Activity Level 1 Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
Sequence Number	8	3–10	9	Sequential number, starting at 1 and incrementing by one for each transaction.
Record Indicator	1	11	X	1 = Level 1 transaction record.
SUID	15	12–26	X	EBT case SUID.
EBT Account Number	12	27–38	9	EBT Contractor EBT account number.
Card Number	16	39–54	X	Card number used to initiate the transaction or the card number of the primary cardholder for administrative transactions.
Primary/Alternate Indicator	2	55–56	9	Cardholder primary/alternate indicator.
Transaction Type	3	57–59	9	See Section 5.5.
Transaction Date	8	60–67	9	CCYYMMDD EBT host system date.
Transaction Time	8	68–75	9	HHMMSSSS EBT host system time.
Transaction Response Code	2	76–77	9	See Section 5.6.
Reversal Reason Code	2	78–79	9	See Section 5.7.
Credit/Debit Indicator	2	80–81	X	CR = Credit DB = Debit
Requested Amount	7	82–88	9(5)V 99	Requested amount of the transaction.
Completed Amount	7	89–95	9(5)V 99	Transaction amount actually completed.

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments
Cash back Amount	7	96–102	9(5)V 99	Cash back amount for cash purchase with cash back transaction.
Account Balance Indicator	1	103	X	Balance at completion of transaction. + = Positive account balance. – = Negative account balance.
Account Balance	7	104–110	9(5)V 99	Account balance after completion of the transaction.
Settlement Amount	7	111–117	9(5)V 99	Total settled amount; includes fees and surcharges, if applicable.
Fee Amount	7	118–124	9(5)V 99	Fee associated with transaction, if applicable.
Surcharge Amount	7	125–131	9(5)V 99	Surcharge associated with transaction, if applicable.
Cardholder County Code	2	132–133	9	See Section 5.1.
Cardholder Local Office Code	3	134–136	X	Cardholder local office code.
FNS Number	7	137–143	X	Retailer FNS Number, food transactions only.
Store Name	15	144–158	X	Retailer name from acquirer, POS device, or ATM.
Store Location	52	159–210	X	From POS/ATM Position 1 - 25: Address Position 25-50: City Position 51-52: State

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
State of Origin	2	211–212	X	For ATM/POS transactions, the state in which the transaction was done.
POS/ATM ID	15	213–227	X	From acquirer, POS device, or ATM. For benefit add, void, adjustment, and repayment transactions this field must contain a user identifier or other information that identifies the transaction initiator.
Swiped/Keyed	1	228	X	S = Swiped card K = Key-entered card M = Manual
Retrieval Reference Number	15	229–243	X	From acquirer, internal trace/reference number that uniquely identifies a transaction.
Switch Date (Settlement Date)	8	244–251	9	CCYYMMDD
EBT Contractor Processor ID	7	252–258	9	Identifies the third-party processor that sent the transaction to the EBT system. Return all zeros for non-applicable transactions.
Filler	12	259–270	X	

3.2.1.3 Account Activity Level 2 Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
Sequence Number	8	3–10	9	Same as associated Level 1 record.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Record Indicator	1	11	X	2 = Level 2 benefit grant record.
Benefit Type	6	12–17	X	
Credit/Debit Indicator	2	18–19	X	CR = Credit DB = Debit
Completed Amount	7	20–26	9(5)V 99	Benefit grant debit or credit amount.
Authorization Number	16	27–42	X	Benefit grant authorization number.
Benefit Month	6	43–48	9	CCYYMM Benefit grant benefit month.
Grant Balance Remaining	7	49–55	9(5)V 99	Benefit grant balance following completion of transaction.
Filler	15	56–70	X	

3.2.1.4 Account Activity Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header.
Date	8	11–18	9	Must match header.
Time	8	19–26	9	Must match header.
Control Number	6	27–32	9	Must match header.
Total Detail Records	7	33–39	9	Level 1 and Level 2 records.
Filler	231	40–270	X	

Usage Notes

- The EBT Contractor must filter out zero dollar benefits expungement transactions.
- For non-retailer/ATM transactions, a default value of 'S' must be returned in the Swiped/Keyed field.
- For non-retailer/ATM transactions the transaction description must be used to populate the Merchant Name field.

PRE-SOLICITATION #16153

3.2.2 Inactive/Dormant/Expunged File

The Inactive/Dormant/Expunged file produced for each county contains records for accounts that have reached inactive, dormant, or expungeable aging status.

3.2.2.1 Inactive/Dormant/Expunged Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXIDEX XX = County Code
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
County Code	2	33–34	9	See Section 5.1.
Filler	66	35–100	X	

3.2.2.2 Inactive/Dormant/Expunged Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
Cardholder County Code	2	3–4	9	Primary cardholder.
Cardholder Local Office Code	3	5–7	X	Primary cardholder.
SUID	15	8–22	X	EBT case SUID.
EBT Account Number	12	23–34	9	EBT Contractor Internal account number.
Account Type	1	35	X	F = Food C = Cash
Action Code	1	36	X	New account status. I = Inactive D = Dormant E = Expungeable

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Account Balance Indicator	1	37	X	+ = Positive account balance. – = Negative account balance.
Account Balance	7	38–44	9(5)V 99	Account balance when new status is set. If the account is Expungeable, the balance must be the total after expungement of benefits that are over 365 days old. LIHEAP benefits must be excluded from the Account Balance for Cash accounts.
Amount Expunged	7	45–51	9(5)V 99	Amount expunged when the account reached Expungeable status. Zero if the account is not in Expungeable status.
Last Access Date	8	52–59	9	CCYYMMDD The Last Access Date field is the most recent activity date based on the last completed debit transaction by a cardholder, the first available benefit, or the date of the last account reactivation.
Expungement Date	8	60–67	9	CCYYMMDD Date account will reach expungeable status.
Last Deposit Date	8	68–75	9	CCYYMMDD Date of the last benefit deposit to the account.
Filler	25	76–100	X	

PRE-SOLICITATION #16153

Usage Notes

- If benefit expungement is performed as a separate process following account aging, the Amount Expunged may always be zero.

3.2.2.3 Inactive/Dormant/Expunged Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header.
Date	8	11–18	9	Must match header.
Time	8	19–26	9	Must match header.
Control Number	6	27–32	9	Must match header.
Total Detail Records	6	33–38	9	
Filler	62	39–100	X	

3.2.3 Grant Expungement File

The Grant Expungement file produced for each county contains records for benefit grants that have been expunged through the aging process.

3.2.3.1 Grant Expungement Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXEXPG XX = County Code
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
County Code	2	33–34	9	See Section 5.1.
Filler	66	35–100	X	

PRE-SOLICITATION #16153

3.2.3.2 Grant Expungement Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
Cardholder County Code	2	3–4	9	Primary cardholder.
Cardholder Local Office Code	3	5–7	X	Primary cardholder.
SUID	15	8–22	X	EBT case SUID.
EBT Account Number	12	23–34	9	EBT Contractor Internal account number.
Account Type	1	35	X	F = Food C = Cash
Authorization Number	16	36–51	X	Benefit grant authorization number.
Benefit Type	6	52–57	X	
Grant Amount Expunged	7	58–64	9(5)V 99	EBT Contractor must filter out zero dollar expunged benefits.
Account Balance	7	65–71	9(5)V 99	Balance of remaining benefits.
Last Access Date	8	72–79	9	CCYYMMDD The Last Access Date field is the most recent activity date based on the last completed debit transaction by a cardholder, the first available benefit, or the date of the last account reactivation.
Account Expungement Date	8	80–87	9	CCYYMMDD Date account reached expungeable status.
Last Deposit Date	8	88–95	9	CCYYMMDD Date of the last deposit to the account.
Filler	5	96–100	X	

PRE-SOLICITATION #16153

Usage Notes

- EBT Contractor must filter out zero dollar expunged benefits.

3.2.3.3 Grant Expungement Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header.
Date	8	11–18	9	Must match header.
Time	8	19–26	9	Must match header.
Control Number	6	27–32	9	Must match header.
Total Detail Records	6	33–38	9	
Filler	62	39–100	X	

3.2.4 Unlinked Benefits File

The Unlinked Benefits file produced for each county contains records for benefit grants that have no corresponding SUID. The Unlinked Benefits file also contains records for benefit grants that have been purged 90 days after the availability date because there is no corresponding SUID.

3.2.4.1 Unlinked Benefits Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXUNLK XX = County Code
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
County Code	2	33–34	9	See Section 5.1.
Filler	36	35–70	X	

PRE-SOLICITATION #16153

3.2.4.2 Unlinked Benefits Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
Action Code	2	3–4	X	01 = Unlinked benefit grant. 02 = Unlinked benefit grant purge.
SUID	15	5–19	X	Benefit grant SUID.
Authorization Number	16	20–35	X	Benefit grant authorization number.
Benefit Type	6	36–41	X	
Benefit Amount	7	42–48	9(5)V 99	
Benefit Availability Date	8	49–56	9	CCYYMMDD
Filler	14	57–70	X	

3.2.4.3 Unlinked Benefits Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header.
Date	8	11–18	9	Must match header.
Time	8	19–26	9	Must match header.
Control Number	6	27–32	9	Must match header.
Total Detail Records	6	33–38	9	
Filler	32	39–70	X	

3.2.5 Correction Request Activity File

The Correction Request Activity file produced for each county contains records for new account debit correction requests and denied account credit correction requests. Each county will select either a basic or extended version of the Correction Request Activity file (based on eligibility system capabilities). A State Correction Request Activity file must also be produced, in the extended format, which includes records for all correction requests for all counties that have had a change in status.

PRE-SOLICITATION #16153

3.2.5.1 Correction Request Activity Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXADJ XX = County Code
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
County Code	2	33–34	X	See Section 5.1.
Filler	316	35–350	X	

For Extended File Only:

Description	Length	Position	Type	Comments
Filler	50	351–400	X	Extended file only

3.2.5.2 Correction Request Activity Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
Cardholder County Code	2	3–4	9	
Cardholder Local Office Code	3	5–7	X	
SUID	15	8–22	X	EBT case SUID associated with disputed transaction.
EBT Account Number	12	23–34	9	Internal account number associated with disputed transaction.
Correction Request Number	17	35–51	X	Correction request identification number.

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments
SSN	9	52–60	9	Cardholder SSN. <i>SSN is masked as 00000NNNN, where NNNN is the last four (4) digits of the cardholder's SSN.</i>
Card Number	19	61–79	X	Card number used in disputed transaction.
Primary/Alternate Indicator	2	80–81	9	Cardholder primary/alternate indicator.
Last Name	25	82–106	X	Cardholder last name.
First Name	20	107–126	X	Cardholder first name.
Middle Initial	1	127	X	Cardholder middle initial.
Address 1	30	128–157	X	Cardholder address.
Address 2	30	158–187	X	Cardholder extended address information.
City	25	188–212	X	Cardholder city.
State	2	213–214	X	Cardholder state.
Zip	9	215–223	X	Cardholder zip code. Must be numeric and either 9 digits or 5 numeric characters followed by 4 spaces.
Account Type	2	224–225	9	01 = Food 02 = Cash

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments
Adjustment Status	2	226–227	9	State and county files: 01 = New debit correction request. 09 = Denied credit correction request. State (only) file: 02 = Approved debit correction request, awaiting adjustment. 04 = Approved debit correction request, adjustment complete. 05 = Debit Fair Hearing code entered. 06 = Withdrawn Debit Correction request. 07 = Approved debit correction request, adjustment failed due to insufficient funds. 11 = New credit correction request. 12 = Approved credit correction request. 15 = Credit Fair Hearing code entered. 16 = Withdrawn Credit Correction request.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Fair Hearing Code	2	228–229	9	County file: Blank State file: 00 = Must be returned for all non-Fair Hearing adjustments. 02 = Fair Hearing debit adjustment. 05 = Debit request Fair Hearing requested during first 15 days (debit claims only). 06 = Debit request Fair Hearing requested after 15 days. 12 = Fair Hearing credit adjustment. 15 = Credit request Fair Hearing requested.
Adjustment Amount	7	230–236	9(5)V 99	Amount of the adjustment being requested.
Correction Request Create Date	8	237–244	9	CCYYMMDD Date that correction request was created.
Retrieval Reference Number	15	245–259	X	From acquirer, internal trace/reference number of disputed transaction.
Transaction Date	8	260–267	9	CCYYMMDD Date of disputed transaction.
Transaction Time	8	268–275	9	HHMMSSSS Time of disputed transaction.
Transaction FNS Number	10	276–285	X	Retailer FNS Number, food transactions only.

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Description	Length	Position	Type	Comments
Retailer/Third-Party Processor (TPP) Name	15	286–300	X	Retailer/TPP information from network or switch.
Retailer Reg E Information	15	301–315	X	Retailer/TPP address information from network or switch.
Correction Request Type	2	316–317	X	CR = Credit DB = Debit
Primary Written Language Indicator	2	318–319	9	See Section 5.9.
Correction Request Reason Code	6	320–325	X	Basic file only. Code that identifies the reason for the correction request. MISDIS = ATM/POS Misdispense. N/WDEB = Network Initiated Debit.
Filler	25	326–350	X	

For Extended File Only:

Description	Length	Position	Type	Comments
Extended Correction Request Reason Code	15	320–334	X	Extended file only. Code description that identifies the reason for the correction request. MISDIS = ATM/POS Misdispense. N/WDEB = Network Initiated Debit.
Retailer Address	25	335–359	X	Extended file only
Retailer City	25	360–384	X	Extended file only
Retailer State	2	385–386	X	Extended file only
Retailer Zip	9	387–395	X	Extended file only
Filler	5	396–400	X	Extended file only

PRE-SOLICITATION #16153

Usage Notes

- The information in the record of a basic file ends at 350 bytes. An extended file has additional information that causes the record length to be 400 bytes.

3.2.5.3 Correction Request Activity Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header.
Date	8	11–18	9	Must match header.
Time	8	19–26	9	Must match header.
Control Number	6	27–32	9	Must match header.
Total Detail Records	6	33–38	9	Total detail records.
Filler	312	39–350	X	

For Extended File Only:

Description	Length	Position	Type	Comments
Filler	50	351–400	X	Extended file only

3.2.6 Administrative Activity File

The Administrative Activity file produced for each county contains records for all administrative actions affecting cardholder data. One Administrative Activity file covers one complete settlement day (3:00 p.m. to 2:59:59 p.m. next day Pacific Time). A State Administrative Activity file must also be produced that contains records for all food and cash cardholders from all counties.

3.2.6.1 Administrative Activity File Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXAAF XX = County Code
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
				is sent.
County Code	2	33–34	9	See Section 5.1
Filler	241	35–275	X	

3.2.6.2 Administrative Activity File Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
Action Code	3	3–5	9	See Section 5.3.
Action Creator	1	6	9	1 = Host-to-Host 2 = Batch File 3 = Administrative Application User 4 = Automated Response Unit (ARU) or Customer Service Center 5 = PIN Selection Device 6 = System Process 7 = Client Website
Transaction Date	8	7–14	9	CCYYMMDD EBT host system date.
Transaction Time	8	15–22	9	HHMMSSSS EBT host system time.
Card Number	16	23–38	X	
Card Status	2	39–40	9	See Section 5.2.
SUID	15	41–55	X	Cardholder EBT case SUID.
Primary/Alternate Indicator	2	56–57	9	Cardholder primary/alternate indicator.
Cardholder Access	1	58	X	Cardholder account access. See Section 5.4.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
SSN	9	59-67	9	Cardholder SSN. <i>SSN is masked as 00000NNNN, where NNNN is the last four (4) digits of the cardholder's SSN.</i>
First Name	15	68-82	X	Cardholder first name.
Middle Initial	1	83	X	Cardholder middle initial.
Last Name	25	84-108	X	Cardholder last name.
Address-1	30	109-138	X	Cardholder address.
Address-2	30	139-168	X	Cardholder additional address information.
City	20	169-188	X	Cardholder city.
State	2	189-190	X	Cardholder state.
Zip	9	191-199	X	Must be either 9 numeric characters or 5 numeric characters followed by 4 spaces.
Cardholder County Code	2	200-201	9	Cardholder County. See Section 5.1.
Cardholder Local Office Code	3	202-204	X	Cardholder local office code.
Caseworker ID	6	205-210	X	Cardholder caseworker ID.
Date of Birth	8	211-218	9	CCYYMMDD Cardholder date of birth.
Telephone	10	219-228	9	Cardholder telephone number.
Language Indicator	2	229-230	X	Cardholder language. See Section 5.9.
Restaurant Indicator	1	231	X	Cardholder restaurant indicator. Y = Yes N = No

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
User ID	14	232-245	X	User ID is the user identifier of the user that initiated the actions using the administrative application, PIN select device, or customer service center platform. User ID for host-to-host actions is the User ID from the host-to-host message. User ID for batch file actions is the batch control number. User ID for ARU actions is "vru1."
Device ID	15	246 - 260	X	Printer identifier for card printing. POS device terminal identifier for PIN selection at local office.
Filler	15	261-275	X	

3.2.6.3 Administrative Activity File Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header.
Date	8	11–18	9	Must match header.
Time	8	19–26	9	Must match header.
Control Number	6	27–32	9	Must match header.
Total Detail Records	6	33–38	9	Total detail records.
Filler	237	39–275	X	

3.2.7 Balance Inquiry Activity File

The Balance Inquiry Activity file produced for each county contains records for all successful ARU and Client Website balance inquiries during a Settlement Day (3:00 p.m. to 2:59:59 p.m. next day Pacific Time). A State Balance Inquiry Activity file must also be produced that contains records for all cardholders from all counties.

PRE-SOLICITATION #16153

3.2.7.1 Balance Inquiry Activity File Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXBINQ XX = County Code
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
County Code	2	33–34	9	
Filler	66	35-100	X	

3.2.7.2 Balance Inquiry Activity File Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
SUID	15	3–17	X	EBT case SUID.
Primary/Alternate Indicator	2	18-19	9	Cardholder primary/alternate indicator.
Card Number	16	20-35	X	Card number used to initiate the balance inquiry.
Account Type	1	36-36	X	F = Food C = Cash W = eWIC (State file only)
Account Balance Indicator	1	37-37	X	Balance at completion of transaction. + = Positive account balance. – = Negative account balance.
Account Balance	7	38-44	9(5)V 99	Account balance after completion of the transaction.

PRE-SOLICITATION #16153

Description	Length	Position	Type	Comments
Balance Inquiry Source	1	45-45	X	ARU or Client Website A – ARU W – Client Website
Transaction Date	8	46-53	9	CCYYMMDD EBT host system date.
Transaction Time	8	54-61	9	HHMMSSSS EBT host system time.
Filler	39	62-100	X	

3.2.7.3 Balance Inquiry Activity File Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header.
Date	8	11–18	9	Must match header.
Time	8	19–26	9	Must match header.
Control Number	6	27–32	9	Must match header.
Total Detail Records	7	33-39	9	Count of detail records in the file
Filler	61	40-100	X	

3.2.8 Excessive Card Replacement Warning Letter File

The Excessive Card Replacement Warning Letter file produced for each county contains records for EBT cases where cardholders have replaced four or more Food and Cash Cards in the prior twelve months. If the case has appeared previously in the Excessive Card Replacement Warning Letter File, the case must also have four Food and Cash Cards replaced since the last day in which the case appeared in the file. The replaced Food and Cash Cards must only be counted if the card number was used (swiped or manually entered) to perform a transaction using a POS device, ATM, or manual voucher. The fourth card replacement is counted when the replacement Food and Cash Card is issued in the EBT system. If a case has multiple cardholders, both primary and alternate card replacements are included in the case card replacement count. A State Excessive Card Replacement Warning Letter file must also be produced that contains records for all food and cash cardholders from all counties.

PRE-SOLICITATION #16153

3.2.8.1 Excessive Card Replacement Warning Letter File Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXEXCD XX = County Code
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
County Code	2	33–34	9	
Filler	66	35-100	X	

3.2.8.2 Excessive Card Replacement Warning Letter File Detail Record

Description	Length	Position	Type	Comments
Record Type	1	1	X	D
Cardholder County Code	2	2–3	9	Cardholder County. See Section 5.1.
Cardholder Local Office Code	3	4-6	X	Cardholder local office code.
SUID	15	7-21	X	Cardholder EBT case SUID.
Card Number	16	22-37	X	Card number of last card
Number of Card Replacements	3	38-40	9	Number of cards the household has replaced in the last 12 months (365 days).
Date of Last Card Issuance	8	41-48	9	CCYYMMDD
Filler	39	49-100	X	

PRE-SOLICITATION #16153

3.2.8.3 Excessive Card Replacement Activity Warning Letter File Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header.
Date	8	11–18	9	Must match header.
Time	8	19–26	9	Must match header.
Control Number	6	27–32	9	Must match header.
Total Detail Records	7	33-39	9	Count of detail records in the file
Filler	61	40-100	X	

3.2.9 Excessive Card Replacement Referral File

This file has not yet been designed. A design document for this file is expected in January 2015.

3.3 Monthly Files

Monthly files contain data calculated for activity during the prior month. The EBT system must transmit monthly files for each county to the eligibility systems within five days after the last day of the month. If there are no detail records, a monthly file may contain just a header and trailer records with no detail records.

3.3.1 Excessive Surcharge File

The Excessive Surcharge file produced for each county contain records for all food and cash cardholders that have been charged incurred \$5.00 or more (or a different value specified by the state) for ATM surcharges during the month. ATM withdrawals and surcharges that are reversed must not be counted. A State Excessive Surcharge file must also be produced that contains records for all food and cash cardholders from all counties.

3.3.1.1 Excessive Surcharge File Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CAXXEXSC XX = County Code
Date	8	11–18	9	CCYYMMDD

PRE-SOLICITATION #16153

Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
County Code	2	33–34	9	
Filler	6	35-40	X	

3.3.1.2 Excessive Surcharge File Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
SUID	15	3–17	X	EBT case SUID.
Primary/Alternate Indicator	2	18-19	9	Cardholder primary/alternate indicator.
ATM Count	3	20-22	9	Number of completed ATM cash withdrawals.
Surcharge Count	3	23-25	9	Number of completed ATM cash withdrawals with a surcharge.
Surcharge Amount	7	26-32	9(5)V 99	Total amount of surcharges.
Filler	8	32-40	X	

3.3.1.3 Excessive Surcharge Activity File Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	Must match header.
Date	8	11–18	9	Must match header.
Time	8	19–26	9	Must match header.
Control Number	6	27–32	9	Must match header.
Total Detail Records	7	33-39	9	Count of detail records in the file
Filler	1	40	X	

4 SARS Interface

The EBT system must transmit files to the SARS SFTP server. This includes:

- Copies of benefit batch files and benefit return files as they are received and processed.
- Daily end-of-day batch files.
- Monthly batch files.
- Report files (formatted text and data).

The State will provide the EBT Contractor with technical information for transmission of files to SARS. The EBT Contractor and the State must use mutually agreed upon naming conventions for batch and report files. The EBT Contractor must monitor the successful transmission of files to SARS and notify the SARS technical contact when files cannot be successfully transmitted. The SARS technical contact will notify the EBT Contractor of maintenance activities or outages that may affect the availability of the SARS SFTP server. The EBT Contractor must transmit files even when a file contains no detail records or when a report file contains no detailed data.

4.1 SARS Benefit Files

The EBT system must transmit copies of benefit files received from eligibility systems and copies of benefit return files sent to eligibility systems.

4.2 SARS End-of-Day Files

Following the end of each settlement day, the EBT system must transmit end-of-day batch files to SARS. SARS end-of-day files include:

- Copies of Inactive/Dormant/Expunged files for each county.
- Copies of Grant Expungement files for each county.
- Copies of Unlinked Benefit files for each county.
- State Account Activity File.
- State Correction Request Activity File.
- State Administrative Activity File.
- State Balance Inquiry Activity File.
- State Excessive Card Replacement Warning Letter File.
- State Excessive Card Replacement Referral File

4.3 SARS Monthly Files

The EBT system must transmit monthly batch files to SARS within five days after the last day of the month. Each monthly batch file contains a header record, zero or more detail records, and a trailer record, as well as information for all counties for a single month. SARS monthly files include Case Billing, ARU Activity, Cash Withdrawal, and Mailed Card and PIN files.

4.3.1 State Excessive Surcharge File

The State Excessive Surcharge File contains data from all county Excessive Surcharge Files, as specified in Section 3.3.1.

4.3.2 Case Billing File

The Case Billing file contains records for each EBT account that has one or more benefit deposits during the month. Using this file SARS will calculate the total number of Food Only, Cash Only, and Combined Food and Cash cases. The totals calculated using the Case Billing File must match the total case month contained in the EBT Contractor's invoice.

4.3.2.1 Case Billing File Header Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	HD
Transaction Type	8	3–10	X	CASFBILL
Date	8	11–18	9	CCYYMMDD
Time	8	19–26	9	HHMMSSSS
Control Number	6	27–32	9	Incremented by one each time a Transaction Type is sent.
State Code	2	33–34	9	CA
Filler	7	35–41	X	

PRE-SOLICITATION #16153

4.3.2.2 Case Billing File Detail Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	DT
County Code	2	3–4	9	See Section 5.1.
Filler	3	5–7	X	
SUID	15	8–22	X	EBT case SUID.
EBT Account Number	12	23–34	9	EBT Contractor Internal account number.
Account Type	1	35	9	1 = Food 2 = Cash
Filler	6	36–41	X	

4.3.2.3 Case Billing File Trailer Record

Description	Length	Position	Type	Comments
Record Type	2	1–2	X	TR
Transaction Type	8	3–10	X	CASFBILL
Date	8	11–18	X	Must match header.
Time	8	19–26	X	Must match header.
Control Number	6	27–32	9	Must match header.
Total Detail Records	9	33–41	9	

4.4 SARS Report Files

The system must transmit two files to SARS for each required daily, weekly, monthly, and quarterly report: a formatted text file and a Comma Separated Value (CSV) data file. For selected reports, as specified in the State-accepted Reports Catalog, the EBT Contractor must transmit an Adobe portable document format (PDF) file in lieu of the formatted text file. The files must reflect the statewide versions of the reports. Daily reports must be received by 9:00 p.m. Pacific Time on the settlement day. Weekly reports must be received by 9:00 p.m. Pacific Time following the last day of the reporting period. Monthly and quarterly reports must be received within five days following the reporting period.

PRE-SOLICITATION #16153

5 Data Element Codes

5.1 County Codes

County Code	County Name	County Code	County Name	County Code	County Name
00	State	20	Madera	40	San Luis Obispo
01	Alameda	21	Marin	41	San Mateo
02	Alpine	22	Mariposa	42	Santa Barbara
03	Amador	23	Mendocino	43	Santa Clara
04	Butte	24	Merced	44	Santa Cruz
05	Calaveras	25	Modoc	45	Shasta
06	Colusa	26	Mono	46	Sierra
07	Contra Costa	27	Monterey	47	Siskiyou
08	Del Norte	28	Napa	48	Solano
09	El Dorado	29	Nevada	49	Sonoma
10	Fresno	30	Orange	50	Stanislaus
11	Glenn	31	Placer	51	Sutter
12	Humboldt	32	Plumas	52	Tehama
13	Imperial	33	Riverside	53	Trinity
14	Inyo	34	Sacramento	54	Tulare
15	Kern	35	San Benito	55	Tuolumne
16	Kings	36	San Bernardino	56	Ventura
17	Lake	37	San Diego	57	Yolo
18	Lassen	38	San Francisco	58	Yuba
19	Los Angeles	39	San Joaquin	80	Reserved

5.2 Card Status Codes

5.2.1 System-Generated Card Status Codes

The card status codes listed below are assigned by the EBT host system as a result of an action by a user through the host-to-host or batch interface or the food and cash administrative application.

Code	Description	Usage
00	Card record has been created but no physical card exists	Assigned to new Food and Cash Card numbers created for mailed issuance. Card status is changed to 01 during the nightly card production run. May also be used for card numbers created for local printing (card status would be changed to 01 during card printing).
01	Active	Food and Cash Card may be used for POS and ATM transactions.
09	Card Stated/Replaced due to system action	Generated by system when an active Food and Cash Card is stated as a result of a card issuance action through the host-to-host Card Change message or batch interface Demographic file.
98	Placeholder, No Physical Card Issued	Assigned to card number that is created when a cardholder is added through the host-to-host or batch interface without physically issuing a card.

5.2.2 Card Status Codes Approved for County Use

The card status codes listed below are entered by county users and customer service representatives at a food and cash cardholder's request. For each reason, card status codes are available that must either deactivate the Food and Cash Card and issue a replacement for mailed issuance, or deactivate the Food and Cash Card without issuing a replacement.

Description/Reason	Mail Replacement Card	No Replacement Card
Lost	02	22
Damaged	03	33
Stolen	04	44
Change status for alternate cardholder at the request of the primary cardholder	07	55
Other	08	66

PRE-SOLICITATION #16153

5.2.3 Other Card Status Codes

The EBT Contractor must enter a card status code of 11 for mailed Food and Cash cards that are returned by the postal service as undeliverable. Card status code 11 does not initiate a replacement. Upon approval by the State, additional card status codes may be used by customer service representatives.

5.3 Administrative Actions

The following table is the list of transaction types that must be included in the Administrative Activity file. This table includes non-card action transactions as well as card action transactions. The Action Taken must be returned in the host-to-host Card History normal response for those actions marked as Card Action.

Action Code	Action Taken	Description	Card Action
003	PRINT CARD	Card printed at local office.	X
004	CARD STATUS - REGISTERED	Mailed and OTC card activated.	X
006	CARD STATUS - OTHER	Host request – other.	X
007	CARD STATUS - STOLEN	Card reported stolen.	X
008	CARD STATUS - LOST	Card reported lost.	X
009	CARD STATUS - DAMAGED	Card reported damaged.	X
011	CARD STATUS - CARD RETURNED	Mailed card returned undeliverable.	X
013	CARD STATUS - HOST REQUEST	System request to status card.	X
015	CARD STATUS - CUSTOMER REQUEST	Customer requests card status.	X
016	RESET PIN COUNT	PIN count reset to 0.	X
018	ISSUE OTC CARD AND MAIL PIN	Issue an OTC card and mail a PIN, only allowed on H2H/Batch. Card Issue Code = 2 PIN Issue Code = 1	X
019	ISSUE DISASTER CARD AND PIN	Disaster card issued.	X
020	ISSUE MAIL CARD AND PIN	Request to mail a card and PIN.	X

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Action Code	Action Taken	Description	Card Action
021	ISSUE OTC CARD	Over-the-counter issuance.	X
022	ISSUE MAIL CARD	Mail issuance.	X
027	REPLACE OTC CARD AND MAIL PIN	Replace current card with an OTC card and mail the PIN portion. This is only allowed thru H2H/Batch. Card Issue Code = 2 PIN Issue Code = 1	X
028	REPLACE DISASTER CARD PIN	Disaster Card Issued.	X
029	REPLACE MAIL CARD AND PIN	Request to mail a card and PIN.	
030	REPLACE CARD OTC	Over-the-counter replacement.	X
031	REPLACE CARD MAIL	Mail replacement.	X
032	CHANGE PIN MAIL	Mail PIN generated.	X
034	CHANGE PIN CARDHOLDER SELECT	Customer selects PIN.	X
035	OPEN NEW FS CASE/PROGRAM	New case or program opened.	
036	OPEN NEW CASH/PROGRAM	New case or program opened.	
038	UPDATE CARDHOLDER	Update cardholder.	
045	ADD SECONDARY TO FOOD PROGRAM	Add secondary to FS.	
046	ADD SECONDARY TO CASH PROGRAM	Add secondary to CS.	
047	FOOD BENEFIT ACCESS ENABLE	Food Benefit Access Enable.	
048	FOOD BENEFIT ACCESS DISABLE	Food Benefit Access Disable.	
049	CASH ACCESS ENABLE	Cash Access Enable.	
050	CASH ACCESS DISABLE	Cash Access Disable.	
051	REACTIVATE CASE - FOOD	Reactivate food account.	

PRE-SOLICITATION #16153

Action Code	Action Taken	Description	Card Action
052	REACTIVATE CASE - CASH	Reactivate cash account.	
200	CC USER CREATE	Client website user account created.	
201	CC USER UPDATE	Client website user account updated.	
205	CC USER CHANGE PASSWD	Client website password change.	

5.4 Cardholder Access Codes

The cardholder access codes listed below specify cardholder access to accounts on an EBT case:

- 0 = No access to accounts
- 1 = Food account only
- 2 = Cash account only
- 3 = Food and Cash accounts

5.5 Transaction Type Codes

The transaction type codes listed below are used by the host-to-host Account History message and the batch Account Activity file to identify the transaction type of individual transactions.

Host-to-Host (type, sub-type)	Batch	Description	Function
2,6	101	Benefit Add (administrative application)	Benefit grant added through the administrative application.
2,6	401	Benefit Add (host-to-host)	Benefit grant added through the host-to-host interface.
2,4	201	Benefit Add (interface)	Benefit grant added through the batch interface, including deposit of pending benefits.
0,0	300	Food Balance Inquiry	POS balance inquiries.
0,3	300	Cash Balance Inquiry	ATM balance Inquiries only.

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Host-to-Host (type, sub- type)	Batch	Description	Function
1,0	301	Food Purchase	Purchase food with food benefits.
2,0	302	Food Merchandise Return	Credit account when merchandise is returned.
1,3	303	Cash Withdrawal	Account cash withdrawal (ATM).
1,3	304	Cash Purchase Transaction	Account cash purchase (POS).
1,3	305	Purchase with Cash back	Account cash purchase plus cash back (POS).
1,3	306	Cash back Only	Cash back only (POS).
5,0	104	Food Manual Authorization Debit	Food manual authorization debit; hold placed on funds for debit amount.
0,5	104	Food Manual Authorization Credit	Food manual authorization credit; credit not applied until manual authorization is cleared.
7,0	308	Food Manual Authorization Debit (Voucher Clear)	Held funds debited to pay merchant after obtaining manual debit authorization and clearing through POS or manual voucher.
8,0	310	Food Manual Authorization Credit (Voucher Clear)	Credit account after obtaining manual credit authorization and clearing through POS or manual voucher.
2,2	204	Food Manual Authorization Debit Release	Release manual authorization debit hold on cardholder account if merchant does clear through POS or submit voucher within 15 days.
9,0	204	Food Manual Authorization Credit Release	Cancel manual authorization credit if merchant does clear through POS or submit voucher within 90 days.

PRE-SOLICITATION #16153

Office of Systems Integration (OSI)

California Electronic Benefit Transfer (EBT)

Host-to-Host (type, sub- type)	Batch	Description	Function
5,2	105	Repayment (administrative application)	Debit account without settlement (account repayment) using the administrative application.
5,7	105	Targeted Repayment (administrative application)	Debit account without settlement (benefit type repayment) using the administrative application.
5,2	405	Repayment (host-to-host)	Debit account without settlement (account repayment) through the host-to-host interface.
5,7	405	Targeted Repayment (host-to-host)	Debit account without settlement (benefit type repayment) through the host-to-host interface.
5,7	208	Targeted Repayment (interface)	Debit account without settlement applied to a specific benefit authorizations through the batch interface.
5,8	203	Expungement (Food)	Expunge remaining balance from a food benefit grant due to aging.
5,8	205	Expungement (Cash)	Expunge remaining balance from a cash benefit grant due to aging.
2,1	103	Credit Adjustment	Credit adjustment made as the result of an approved error correction request.
3,1	103	Debit Adjustment	Debt adjustment made as the result of an approved error correction request.

PRE-SOLICITATION #16153

Host-to-Host (type, sub- type)	Batch	Description	Function
N,N	309	Reversal/Cancellation/Void	Reverse or cancel all or part of a transaction from an ATM/POS. <i>N,N: Host-to-host type and sub-type must be the same as the original transaction that is being reversed.</i>
9,9	998	Unknown Transaction (Food)	Catch-all Transaction Type for a potential unknown transaction.
9,9	999	Unknown Transaction (Cash)	Catch-all Transaction Type for a potential unknown transaction.
5,1	109	Benefit Cancel (administrative application)	Benefit grant cancelled through the administrative application.
5,4	209	Benefit Cancel (interface)	Benefit grant cancelled through the batch interface.
5,6	409	Benefit Cancel (host-to-host)	Benefit grant cancelled through the host-to-host interface.

5.6 Transaction Response Codes

The following are codes used by the host-to-host Account History message and the batch Account Activity file for the transaction response code field:

Code	Explanation
00	Transaction Approved
04	Invalid FNS Number
05	Bad Merchant
07	Invalid Terminal
12	Invalid Transaction Code
14	Invalid Account
15	Invalid Cash Request
17	Maximum Amount Exceeded
31	Unknown Card/Bank

PRE-SOLICITATION #16153

Code	Explanation
41	Hot Card, Reported Stolen or Canceled
50	Pre-authorization Transaction Denial
51	Insufficient Funds (NSF)
52	Account Not on File
54	Expired Card
55	Invalid PIN
56	Card Not on File
57	Transaction Not Permitted for Cardholder
58	Invalid Transaction Type for Program
62	Inactive Card
63	Closed Card
64	Card Status Inactive
75	PIN Tries Exceeded
76	PIN Key Synchronization Error
77	Maximum PIN Tries Exceeded
79	Duplicate Reversal
80	Manual Authorization Expired
81	No Manual Authorization Record
82	Amount Exceeds Hold
91	Authorizer Not Available (time-out)
92	Transaction destination not found

Usage Notes

- Response code 57 must be returned for an invalid Restaurant Meals indicator.

5.7 Reversal Reason Codes

The reversal reason codes used by the host-to-host Account History message and the batch Account Activity file are defined in the ISO 8583 processor interface specification (Advice/Reversal Reason Codes [Bit 060]). In addition to the codes defined in the ISO 8583 processor interface specification, code 99 is used for a reversal that is created by a POS void last transaction.

Position 1 of the reason code indicates who reversed this transaction. It is allocated as follows.

PRE-SOLICITATION #16153

Position 1	
Code	Description
0	Not a Reversal
1	Card Acceptor-originated Reversal
2	Acquirer-originated Reversal
3	Intermediate Facility-originated Reversal
9	EBT-only void last

Position 2 of the reason code indicates a type of error that reversed the transaction. It is allocated as follows.

ISO Code		
Pos 1	Pos 2	Description
0	0	Not a Reversal
1–3	2	Terminal Processor Error
1–3	3	System Time Out
1–3	4	Terminal Error/Misdispense
1–3	5	Terminal Communication Error
1–3	6	Terminal Error
1–3	7	Late or Unsolicited Response
1–3	8	Clerk-initiated Reversal
9	9	EBT-only void last

5.8 Card and PIN Issuance Codes

The Card Issuance Code and PIN Issuance Code is used by the host-to-host cardholder add/change message and the batch demographic file to provide card and PIN issuance instructions to the host system. Card and PIN issuance instructions are also dependent on whether or not there is an entry in the Disaster Card field.

5.8.1 Card Issuance Code

Disaster Card Number	Card Issuance Code	Action	Instructions
Blank	1	Add	Issue mailed card as initial card for new cardholder.

PRE-SOLICITATION #16153

Disaster Card Number	Card Issuance Code	Action	Instructions
Blank	1	Change	Status current card (if necessary) and issue mailed card as a replacement.
Blank	2	Add	Generate initial card number for printing at local office for new cardholder.
Blank	2	Change	Status current card (if necessary) and generate replacement card number for printing at local office.
Blank	3	Add	This is not a valid combination for new cardholders.
Blank	3	Change	Status current card (if necessary) and do not issue a new card.
Blank	9	Add	Generate initial card number for new cardholder with status 98.
Blank	9	Change	Take no action.
Non-Blank	n/a	Add	If Disaster Card Number is valid, issue disaster card as initial card for new cardholder.
Non-Blank	n/a	Change	If Disaster Card Number is valid, status current card (if necessary) and issue disaster card as a replacement card.

Usage Notes

- For replacement cards, current card is statused 09 only if the current card status is 00 or 01.
- For non-blank Disaster Card Number, EBT Contractor must ignore the Card Issuance Code.
- A Disaster Card Number of all zeros is treated as blank Disaster Card Number.
- If a mailed card is issued and subsequently statused or replaced prior to midnight the same day, the card must not be mailed.

5.8.2 PIN Issuance Code

Disaster Card Number	PIN Issuance Code	Action	Instructions
Blank	1	Add	Generate and mail initial PIN for new cardholder.
Blank	1	Change	Generate and mail replacement PIN.

PRE-SOLICITATION #16153

Disaster Card Number	PIN Issuance Code	Action	Instructions
Blank	9	Add	Do not issue PIN for new cardholder (PIN will be selected via PIN selection device or the ARU).
Blank	9	Change	Take no action.
Non-Blank	n/a	Add	If Disaster Card Number is valid, use PIN that was generated for the disaster card and printed on the disaster card carrier.
Non-Blank	n/a	Change	If Disaster Card Number is valid, replace the cardholder's existing PIN with the PIN that was generated for the disaster card and printed on the disaster card carrier.

Usage Notes

- For non-blank Disaster Card Number, EBT Contractor must ignore the PIN Issuance Code.
- If a mailed PIN is issued and a subsequent PIN change is made prior to midnight the same day, the PIN must not be mailed.
- If a mailed PIN is issued and the card is subsequently replaced prior to midnight the same day, the PIN must not be mailed.

5.9 Language Codes

The codes below are used to identify the cardholder's preferred language.

Language Code	Language
01	English
02	Spanish
03	Chinese
04	Vietnamese
05	Cambodian
06	Russian
07	Hmong
08	Eastern Armenian
09	Lao
10	Farsi
11	Arabic